

Case Number:	CM14-0106947		
Date Assigned:	08/01/2014	Date of Injury:	01/17/2014
Decision Date:	12/19/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51year-old female who has reported a variety of orthopedic symptoms, dental problems, and internal medicine conditions. The diagnoses include gastritis, headache, insomnia, fibromyalgia, irritable bowel syndrome, dental problems, neck pain, back pain, wrist pain, and rectal bleeding. On 05/01/2014, one of the treating physicians noted ongoing widespread pain, continuing off work status, and that she had stopped her medications due to abdominal pain. She had seen specialists for abdominal pain and further evaluation was pending. There was no discussion of any current medications. The physical examination was notable for widespread axial pain and tenderness, and signs of carpal tunnel syndrome. The treatment plan included chiropractic care, topical agents, and specialist referrals. There was no work status, no discussion of the specific indications for chiropractic care in light of the MTUS recommendations, and no discussion of the specific indications and ingredients for the topical agents. On 6/11/14, Utilization Review non-certified the topical agents and certified 6 of the 12 chiropractic visits. The MTUS was cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fluriflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111 - 113.

Decision rationale: Although the treating physician provided no information regarding this medication, other sources show that Fluriflex is Flurbiprofen/Cyclobenzaprine 15/10%. No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, lack of medical evidence, and lack of FDA approval.

TGHot 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 111 - 113, 60.

Decision rationale: Although the treating physician provided no specific details about this medication, per other sources TGHot is tramadol-gabapentin-menthol-camphor-capsaicin. No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation above, topical gabapentin is not recommended. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. There is no good evidence supporting topical tramadol and the treating physician provided no information in support of topical tramadol. The topical agents prescribed are not medically necessary based on the MTUS and the lack of medical evidence.

(12) Chiropractic visits (2 times 6), the cervical, thoracic, and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Given that the focus of manipulative therapy is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy. There are no reports from the treating physician which describe work status, current function, or functional goals. A trial of 12 visits exceeds the 6 visit trial recommended in the MTUS. No manual and manipulative therapy is medically necessary based on the lack of emphasis on functional restoration, and a prescription which exceeds that recommended in the MTUS.