

Case Number:	CM14-0152442		
Date Assigned:	09/22/2014	Date of Injury:	03/24/2014
Decision Date:	10/30/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/18/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of March 24, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of manipulative therapy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for a topical compounded cream, approved a request for Voltaren, denied a request for medical transportation, partially certified request for nine sessions of manipulative therapy as six sessions of the same, and denied a request for Toprophan, a dietary supplement. The claims administrator stated in its Utilization Review Report that the applicant had had 12 plus sessions of chiropractic manipulative therapy through the date of the request. The applicant's attorney subsequently appealed. In a handwritten progress note dated June 24, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain, 6/10. The note was extremely difficult to follow. A rather proscriptive 10-pound lifting limitation was issued. It did not appear that the applicant was working with said limitation in place. Additional chiropractic manipulative therapy was sought, along with a heating pad. Twelve sessions of manipulative therapy were also sought via a June 5, 2014 Request for Authorization (RFA) form.

IMR ISSUES, DECISIONS AND RATIONALES

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

CycloKetoLido cream 240gm with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Similarly, ketoprofen, another ingredient in the compound, is likewise not recommended for topical compound formulation purposes, it is stated on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Transportation to and from all office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines _Regarding Transportation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes making and keeping appointments. The requested transportation to and from all office visits, per ACOEM, thus, is an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.

Chiropractic treatment for the lumbar spine (3 x 3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manuel therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic. Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is seemingly off of work. A rather proscriptive 10-pound lifting limitation has been renewed, unchanged, from visit to visit. It does not appear, in short, that the 12+ prior sessions of manipulative therapy performed to date had generated requisite

improvement so as to justify continuation of manipulation therapy. Therefore, the request is not medically necessary.

Toprophan #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Regarding Vitamin B

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Alternative Treatments topic.. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition,

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, dietary supplements such as Toprophan are "not recommended" in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or favorable outcomes in the treatment of the same. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.