

Case Number:	CM14-0172967		
Date Assigned:	10/23/2014	Date of Injury:	07/03/2014
Decision Date:	12/02/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/20/2014

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 General Preventive Medicine, has a subspecialty in Occupational and Environmental Medicine, and is licensed to practice in Iowa. 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 patient is a 31 year old employee with date of injury of 07/03/2014. Subjective complaints include pain 5-6/10, most severe in the cervical spine, left shoulder pain, lumbar spine pain. He has frequent, moderate to severe pain in the low back occasionally radiating to the left groin and anterior medial left thigh to the knee. Objective findings include palpable tenderness at the left upper trapezius and paravertebral muscles, deep tendon reflexes, sensory and motor power testing in the upper extremities were normal. Palpable tenderness at the left acromioclavicular joint, left biceps tendon groove, supraspinatus deltoid complex and rotator cuff. Impingement test was positive on the left. Palpable tenderness at the left lumbar paravertebral muscles, spinous processes and bilateral sacroiliac joints, tiptoe walking reproduced pain in the left groin and left thigh, decreased cervical flexion at 49 degrees, extension at 32 degrees, left lateral bending at 28 degrees, right lateral bending at 23 degrees and left and right rotation at 22 degrees. There was decreased thoracolumbar flexion at 31 degrees, left lateral bending at 17 degrees, right lateral bending at 24 degrees, left rotation at 8 degrees, and right rotation at 13 degrees. Decreased left shoulder flexion at 94 degrees, abduction at 121 degrees, internal rotation at 37 degrees and external rotation at 58 degrees. Treatment is unknown. The utilization review determination was rendered on 09/24/2014 recommending non-certification of 12 Chiropractic Visits, Tylenol and Flanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic visits for the cervical and lumbar spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation

Decision rationale: ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated." Additionally, MTUS states "Low back: Recommended as an option. Therapeutic care- Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective /maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if return to work (RTW) achieved then 1-2 visits every 4-6 months." MTUS Additionally states that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The treating physician did not provide documentation of a trial and failure of active modalities such as physical therapy, prior to initiation of chiropractic therapy. The patient is beyond the acute phase of injury and the treating physician has provided no documentation of a re-injury or new injury. As such, the request for 12 chiropractic visits for the cervical and lumbar spine and left shoulder is not medically necessary.

Tylenol: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines APAP, Acetaminophen Page(s): 11.

Decision rationale: MTUS states "Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce

hypertension, a risk similar to that found for NSAIDs."The treating physician provided no documentation of subjective or objective improvement while taking Tylenol. Additionally, the treating physician did not detail the dosage and frequency of Tylenol. As such, certification for Tylenol is not medically indicated.

Flanax (Gab-Keto-Lido Cream 240 Grams): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter: Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."MTUS states that topical Gabapentin is not recommended and further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product."As such, the request for Flanax (Gab-Keto-Lido Cream 240 Grams) is not medically necessary.