

Case Number:	CM14-0179623		
Date Assigned:	11/04/2014	Date of Injury:	04/11/2012
Decision Date:	12/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 chronic low back pain reportedly associated with an industrial injury of April 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; unspecified amounts of manipulative therapy; topical compounds; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for 12 sessions of manipulative therapy, denied FluriFlex, denied Medrox, approved omeprazole, approved tramadol, approved a Biofreeze gel, and denied an interferential unit. The claims administrator employed non-MTUS ODG Guidelines exclusively in its some manipulative therapy denial time, moreover, mislabeled the same as originating from the MTUS. The claims administrator stated its decision was based on a July 16, 2014 progress note and Utilization Review Report apparently dated July 22, 2014. The claims administrator stated that the attending provider had submitted documents dated July 16, 2013 and July 15, 2014 which were misdated and that the progress note in question should be correctly dated July 16, 2014 with an associated request for authorization form dated July 22, 2014. The applicant's attorney subsequently appealed. In a February 14, 2014 progress note, the applicant reported multifocal complaints of low back, upper back, shoulder, arm, elbow, ankle, and foot pain, 8-9/10. The applicant was given unspecified topical compounded medications and placed off of work, on total temporary disability, for an additional four weeks. The applicant was also placed off of work, on total temporary disability, via an earlier progress note dated July 16, 2013. On the same date, July 16, 2013, the applicant was asked to pursue 12 additional sessions of chiropractic manipulative therapy. FluriFlex, Medrox, omeprazole, tramadol, and Biofreeze gel were endorsed while the applicant was placed off of work. Multifocal complaints of neck,

shoulder, elbow, forearm, ankle, and foot pain were noted, 8-9/10. A psychology evaluation was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 x 4: Upheld

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

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

Decision rationale: The request in question does represent a renewal request of chiropractic manipulative therapy, the claims administrator has posited and the attending provider has insinuated. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status here, however, the applicant is off of work, on total temporary disability. Earlier manipulative therapy has proven unsuccessful. Therefore, request for an additional 12 sessions of chiropractic manipulative therapy is not medically necessary.

Fluriflex 180gm: 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 Page(s): 111-113.

Decision rationale: The request in question represents an amalgam of flurbiprofen, a topical NSAID, and Flexeril, a topical muscle relaxant. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are 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.

Medrox Patch: 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 Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Medrox are deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing issues of the Medrox compound at issue. Therefore, the request is not medically necessary.

Interferential Unit.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of an interferential unit should be predicated on evidence of successful outcome during a one-month trial of the same, in terms of both pain relief and function. Here, however, it appears that the attending provider has sought authorization to purchase the device in question without a previously successful one-month trial of the same. The request, thus, as written, does not conform to MTUS parameters. Therefore, the request is not medically necessary.