

<b>Case Number:</b>	CM14-0031596		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 43-year-old female with a 6/6/11 date of injury. There is documentation of subjective findings of intensity of symptoms at 4-5/10. There is document of objective findings of mild to moderate tenderness to palpation over the left splenius cervical muscle, left trapezius region, and left rhomboideus area; range of motion of cervical spine at 70% in forward flexion, 70% in backward flexion, and 70% in cervical rotation. Current diagnoses are cervical sprain/strain, thoracic sprain/strain, and left cervical radiculitis. Treatment to date include 6 sessions of chiropractic treatment (that patient finds treatments helpful, is better able to turn neck, and able to perform work activities) and ongoing treatment with Flector patch since at least 10/21/13 that is helpful without GI effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, quantity 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

**Decision rationale:** MTUS/ACOEM guidelines identifies documentation of occupationally related neck pain or cervicogenic headache, objective functional deficits, and functional goals, as criteria necessary to support the medical necessity of chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain and left cervical radiculitis. In addition, there is documentation of 6 previous chiropractic treatments. However, despite documentation that patient finds treatments helpful, is better able to turn neck, and able to perform work activities, there is no (clear) documentation of objective functional improvement with previous treatments. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic treatment, quantity is not medically necessary and appropriate.

**Flector patch, # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, and left cervical radiculitis. In addition, there is documentation of ongoing treatment with Flector patches. However, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. In addition, given documentation of a 6/6/11 date of injury, there is no (clear) documentation of a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (acute strains, sprains, and contusions). Furthermore, given documentation of ongoing treatment since at least 10/21/13, there is no documentation of the intention to treat over a short course (4-12 weeks). Lastly, despite documentation that Flector patches are helpful without GI effects, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a

reduction in the use of medications as a result of Flector patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Flector patch, # 60 is not medically necessary and appropriate.