Case Number:	CM14-0036368		
Date Assigned:	06/27/2014	Date of Injury:	05/02/2012
Decision Date:	08/05/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 50-year-old female with a 5/2/12 date of injury. At the time (2/20/14) of request for authorization for Chiropractic Manipulation to trapezius muscle, 6 visits and Flector 1.3%, 1 patch every 12 hours, 30 patch, there is documentation of subjective findings of neck pain and depression. The current diagnoses are trapezius muscle spasm, depression, and anxiety. The treatment to date includes at least 6 previous chiropractic treatments with improvement and ongoing treatment with Flector patches. Regarding chiropractic manipulation, there is no documentation of objective functional improvement with previous treatments and 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 previous chiropractic treatments. Regarding Flector patch, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs; a condition/diagnosis (with supportive subjective/objective findings for which Diclofenac Epolamine is indicated (acute strains, sprains, and contusions); the intention to treat over a short course (4-12 weeks); and 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation to trapezius muscle, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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: California MTUS reference to ACOEM identifies documentation of occupationally related pain, objective functional deficits, and functional goals, as criteria necessary to support the medical necessity of chiropractic treatment. In addition, California MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. Furthermore, California 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 trapezius muscle spasm. In addition, there is documentation of at least 6 previous chiropractic treatments, objective functional deficits, and functional goals. However, there is no documentation of objective functional improvement with previous treatments and 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 previous chiropractic treatments. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic Manipulation to trapezius muscle, 6 visits is not medically necessary.

Flector 1.3%, 1 patch every 12 hours, 30 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): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector Patch (Diclofenac Epolamine).

Decision rationale: California 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. California 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 trapezius

muscle spasm. 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, there is no (clear) documentation of a condition/diagnosis (with supportive subjective/objective findings for which Diclofenac Epolamine is indicated (acute strains, sprains, and contusions). Furthermore, given documentation of ongoing treatment with Flector patches, there is no documentation of the intention to treat over a short course (4-12 weeks) and 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 1.3%, 1 patch every 12 hours, 30 patch is not medically necessary.