

Case Number:	CM14-0049960		
Date Assigned:	07/07/2014	Date of Injury:	05/20/2013
Decision Date:	08/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 patient is a 43-year-old male who has submitted a claim for lumbar sprain, right ankle sprain, shoulder sprain, associated with an industrial injury date of May 20, 2013. Medical records from 2013 through 2014 were reviewed. The medical review, dated 03/12/2014, showed right ankle pain, 4/10, low back pain, 6/10, and left shoulder pain. Physical examination revealed tenderness to the lateral right ankle. There was tenderness to the lumbar spine with spasm and limited range of motion. There was tenderness to the left shoulder. Treatment to date has included acupuncture therapy, unspecified sessions of chiropractic therapy, and topical compound medication prescribed on September 2013. Utilization review from 03/28/2014 denied the request for chiropractic therapy 3x4 of the lumbar spine because it was not clearly documented how many chiropractic sessions the patient has had previously, if any. There was no documentation of any functional gains or benefits from prior chiropractic sessions if she had it previously. The request for topical Compound Cream: Flurbiprofen/Capsaicin/Menthol/Camphor and Ketoprofen/Cyclobenzaprine/Lidocaine was denied because guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs were not recommended for topical applications. In addition, any compounded product that contained at least one drug (or drug class) that was not recommended was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 3 x 4 - Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, manual therapy such as chiropractic care is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The recommended initial therapeutic care for low back is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Chiropractic care is not recommended for other body parts other than low back. In this case, medical review revealed the patient was referred for chiropractic therapy 1 x week x 4weeks on September 2013. However, there was no documentation of the patient's compliance with the previous chiropractic therapy. Furthermore, there was no documented evidence of the functional benefits derived from the previous therapy. The medical necessity was not established. Therefore, the request for chiropractic therapy 3x4 for the lumbar spine is not medically necessary.

Topical Compound Cream: Flurbiprofen/Capsaicin/Menthol/Camphor/ and Ketoprofen/Cyclobenzaprine/Lidocaine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin, topical Page(s): 111-113, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylate.

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. Flurbiprofen, a topical NSAID does not show consistent efficacy. CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. The guidelines do not address Camphor. Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Regarding Cyclobenzaprine it does not show consistent efficacy and is not FDA approved. The topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, compounded products were prescribed as adjuvant therapy for oral

medications since September 2013. However, certain components of this compound, i.e., Flurbiprofen, Ketoprofen, Cyclobenzaprine, and Lidocaine are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Moreover the frequency of usage and quantity to be dispensed were not specified. Therefore, the request for topical compound cream: Flurbiprofen/Capsaicin/Menthol/Camphor and Ketoprofen/Cyclobenzaprine/Lidocaine is not medically necessary.