

<b>Case Number:</b>	CM14-0050060		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

The injured worker is a 56-year-old male who reported an injury on 06/07/2012. The mechanism of injury was not stated. The current diagnosis is a lumbar disc herniation. The injured worker was evaluated on 12/30/2013 with complaints of lower back pain. The injured worker was status post arthroscopic surgery to the right knee. Physical examination revealed restricted lumbar range of motion. Treatment recommendations included chiropractic therapy twice per week for 6 weeks, a urine toxicology screen and topical compounded creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Chiropractic/Physiotherapy 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) (<http://www.odg-twc.com/preface.hem#PhysicalTherapyGuidelines>).ODG Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** The California MTUS Guidelines state that manual therapy and manipulation are recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. The current

request for 12 sessions of chiropractic therapy exceeds Guideline recommendations. There was also no specific body part listed in the current request. As such, the request is not medically necessary.

**Compound Med: Diclofenac 25% Tramadol 15%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Diclofenac is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip or shoulder. Therefore, the current request cannot be determined as medically appropriate. There was also no specific quantity or frequency listed in the current request. As such, the request is not medically necessary.