

<b>Case Number:</b>	CM14-0053340		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 52-year-old female who reported an injury on 09/11/2012 caused by an unspecified mechanism. The injured worker's treatment history included medications, EMG/NCV studies, x-rays, MRI studies, and 16 chiropractic treatments. The injured worker was evaluated on 01/23/2014 and it was documented that the injured worker complained of neck and back pain, which she rates at 7/10 to 9/10 on the pain scale. She reported radiation of pain and numbness down both legs down to the calves as well as radiation of pain and numbness down both arms down to hands. She stated that her pain continued to be severe. She had completed 16 visits of chiropractic treatment, which she says was somewhat helpful with her pain. She has also completed 6 visits of physical therapy in the past. The injured worker stated that she is taking Pamelor 1 time a day for neuropathic pain, ketoprofen 2 times a day for severe pain, and uses LidoPro cream. She stated that the medications helped decrease her pain approximately 50% temporarily and allows her to increase her walking distance to about 10 to 15 minutes. She denied any side effects from medication use. Physical examination revealed tenderness to palpation in the cervical and paraspinal regions as well as tenderness to palpation over the lower lumbar facet regions bilaterally. Range of motion of the cervical flexion/extension was 40 degrees, and right/left lateral bend was 30 degrees. Right/left rotation of the cervical was 50 degrees. Lumbar range of motion flexion was 40 degrees, extension was 10 degrees, and right/left lateral bend was 10 degrees. Diagnoses included HNPs of the cervical spine with moderate to severe neural foraminal narrowing, HNPs of the lumbar spine with moderate to severe neural foraminal narrowing, HNPs of the thoracic spine with mild to moderate stenosis, cervical and lumbar radiculopathies. Within the documentation the provider noted the treatment options included a general orthopedic consultation for a second opinion for bilateral knee and hand evaluation; a request for additional chiropractic treatment for the neck and back 2 times a

week for 4 weeks to decrease her pain and increase her activity level; and to continue with prescribed medications for pain and neuropathic pain. A Request for Authorization was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidopro Topical Ointment 40oz: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. In addition, there was no documentation provided on frequency or location where the Lidopro ointment would be applied was not provided. As such, the request for Lidopro Topical Ointment 40 oz is not medically necessary.

#### **Ketoprofen 75mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica, a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain, this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker and outcome measurements of prior physical therapy. There was lack of documentation stating the efficiency of the Ketoprofen for the injured worker. In addition, the request for Ketoprofen did not include frequency, or duration of medication. Given the above, the request for the Ketoprofen 75 mg # 90 is not medically necessary.

#### **8 Additional Chiropractic visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60, 127.

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

**Decision rationale:** The California MTUS Guidelines may support up to 18 visits of chiropractic sessions. Manual Therapy & Manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The documents submitted stated the injured worker attended chiropractic sessions and had somewhat of improvement. In addition, the request failed to indicate location where the injured worker is requiring treatment. Given the above, the request for 8 Additional Chiropractic visits is not medically necessary.

**General Ortho Consult for bilateral knee and hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation ACOEM, Chapter 7 - Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits.

**Decision rationale:** Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In addition, the documents failed to indicate longevity of medication usage for the injured worker. There is a lack of documentation of long-term goals regarding functional improvement. Given the above, the request for General Ortho Consult for bilateral knee and hands is not medically necessary.