

Case Number:	CM14-0056291		
Date Assigned:	07/09/2014	Date of Injury:	12/23/2012
Decision Date:	08/12/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/25/2014

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 59-year-old female who reported an injury on 12/23/2012. The mechanism of injury was a pulling injury. The most recent clinical note provided with the documentation submitted for review dated 04/14/2014 did not notate a current complaint by the injured worker; however, within the documentation submitted for review, there were previous complaints noted of low back pain and right shoulder pain. Noted on the clinical note dated 04/14/2014, upon physical examination, the objective findings were normal reflex, sensory and power testing to bilateral upper and lower extremities. Straight leg raise and bowstring were negative bilaterally. The documentation also noted normal gait and the injured worker was able to heel walk and toe walk bilaterally. Additionally the injured worker had right shoulder, right knee, and lumbar tenderness. Lumbosacral spine range of motion was decreased by 25%, femoral stretch was negative bilaterally, and negative Lhermitte's and Spurling's signs were noted. The physical examination also revealed right shoulder impingement. The clinical note further documented x-rays on 03/03/2014 to reveal the lumbar spine with mild diffuse spondylosis, the right shoulder was within normal limits, and the right knee with degenerative changes. The injured worker's diagnoses included musculoligamentous spinal stenosis of the lumbar spine, with possible lumbar disc herniation, right shoulder strain, and right shoulder impingement. Previous treatments were noted to include 17 physical therapy visits for the lower back pain and medications. The documentation noted medications on 04/14/2014 to include naproxen 550 mg and Methoderm ointment 120 mL. The provider request was for chiropractic therapy x 8 visits and Anaprox-DS Methoderm ointment 120 mL. The Request for Authorization form and rationale were not included within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro x 8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8, Industrial Relations Division 1. Department of Industrial Relations Chapter, 4.5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The request for chiro x 8 visits is non-certified. The injured worker has a history of low back pain and right shoulder pain, and to have completed 17 physical therapy visits. California MTUS Guidelines state manual therapy and manipulation are 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. The injured worker completed 17 physical therapy visits and was noted to have slightly increased lower extremity strength and range of motion. The guidelines recommend an initial trial of 6 visits over 2 weeks, then with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks is recommended. The request for 8 visits of chiropractic treatment exceeds the guideline recommendation for an initial trial of 6 visits. Additionally the submitted request did not indicate the frequency of the visits or the site at which the therapy is to be performed. Furthermore, there was a lack of documentation to indicate any functional deficits to warrant therapy. As such, the request for chiropractic therapy x 8 visits is non-certified.

Anaprox-DS Methoderm Ointment 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Title 8, Industrial Relations Division 1. Department of Industrial Relations, Chapter 4.5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Anaprox-DS Methoderm ointment 120 mL is non-certified. The injured worker has a history of low back pain and right shoulder pain, and to have undergone 17 visits of physical therapy and used medication for treatment. The California MTUS Guidelines state that topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further state that topical non-steroidal anti-inflammatory drugs (NSAIDs) may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines recommend topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment, these medications are

recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Additionally the guidelines state for neuropathic pain, topical NSAIDs are not recommended as there is no evidence to support use. There is a lack of documentation to indicate a failure of antidepressants and anticonvulsants to provide symptomatic relief of neuropathic pain to warrant use of a topical analgesic. There is also a lack to documentation to support indications of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatments. Additionally, the request for the medication did not indicate the frequency and the application site at which the medication was to be used. Based on the above noted, the request is non-certified.