

<b>Case Number:</b>	CM14-0061285		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	05/02/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, hand, and foot pain reportedly associated with an industrial injury of October 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; unspecified amounts of physical therapy and manipulative therapy; and extensive periods of time off of work, on total temporary disability. In a March 5, 2014 progress note, the applicant reported persistent hand, low back, and bilateral lower extremity pain, ranging from 5-10/10. Normal gait was appreciated with muscle spasm appreciated about the lumbar spine. The applicant previously attended chiropractic manipulative therapy. The applicant was asked to follow up with a foot specialist and a hand specialist. An MRI of the lumbar spine and electrodiagnostic testing were requested. The applicant was placed off of work, on total temporary disability. Topical compounds were endorsed. In a Utilization Review Report of March 31, 2014, the claims administrator denied a request for eight sessions of chiropractic manipulative therapy, two separate topical compounds, and an orthopedic reevaluation. The applicant's attorney subsequently appealed

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT, 2 TIMES A WEEK FOR 4 WEEKS FOR THE LOW BACK:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do support anywhere from 18 to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant has failed to return to any form of work. The applicant remains off of work, on total temporary disability, despite having completed earlier chiropractic manipulative therapy in unspecified amounts. Continued pursuit of manipulative therapy without evidence of successful return to work is incompatible with the Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

**FLURIFLEX (FLURBIPROFEN/CYCLOBENZAPRINE 15/10 %) CREAM 180GM:**  
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 Page(s): 111-113.

**Decision rationale:** Fluriflex is a compound medication that contains, Flexeril, which is a muscle relaxant. According to the California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. Guidelines also state that if any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since one component in the compound carries an unfavorable recommendation, the entire compound is considered not recommended. Therefore, the request is not certified, on Independent Medical Review.

**TGHOT CREAM (TRAMADOL, GABAPENTIN, MENTHOL, CAMPHOR, CAPSAICIN 8/10/2/20/0.05%) 180GM:** 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 Page(s): 111-113.

**Decision rationale:** TGHot is a compound medication that contains gabapentin. According to the California MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is not recommended for topical compound formulation purposes. Guidelines also state that if any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since one component in the compound carries an unfavorable

recommendation, the entire compound is considered not recommended. Therefore, the request is not certified, on Independent Medical Review.

**AN ORTHOPEDIC RE-EVALUATION WITHIN 6 WEEKS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to the California MTUS-adopted ACOEM Guidelines, the frequency of follow-up visit should be dictated by an applicant's work status. In this case, the applicant is off of work, on total temporary disability. A follow-up visit with the applicant's attending provider is indicated and appropriate. Therefore, this request is certified, on Independent Medical Review.