

Case Number:	CM14-0080846		
Date Assigned:	07/23/2014	Date of Injury:	09/26/2013
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/03/2014

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 has a subspecialty in Neuromuscular Medicine and is licensed to practice Maryland. 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:

There is a primary treating physician (PR-2) document dated 5/13/14 that states that the patient presents today with translator for a follow-up of low back pain, and left lower extremity symptoms that he currently rates a 7/10 on the pain scale. He says he continues to work and stands for between 8-10 hours per day as a cook. He says his back pain continues to be severe at times at work. He reports persistent right shoulder pains which he currently rates at 5/10 on pain scale and he has ongoing follow ups with a physician for his shoulder. He says that he has intermittent cramping symptoms in his left leg to the knee and sometimes into his calf. He has increasing pain with sitting, and standing from a seated position. He says most his pain is in his back. He has had 24 visits of chiropractic therapy, which he finds has helped relieve his pain by about 20-30% temporarily. He has noticed an increase in his flexibility with chiropractic treatment. He says he is taking Ketoprofen 75mg 1-2 times a day and utilizes LidoPro cream which helps to relieve his pain by approximately 50-60% and increases his walking distance by about 15-20 minutes. He is currently taking Prilosec 20mg as needed for gastritis and Docuprene as needed for constipation. He says he does not have any problems with reflux with the Prilosec use. The spine exam revealed tenderness to palpation in his lumbar spine paraspinous region and bilateral lower lumbar facet regions. Pain with facet loading of lumbar spine bilaterally. Tenderness to palpation in bilateral sacroiliac regions. Sensory exam was intact sensation bilaterally in his lower extremities. Motor: 5-/5 strength in his left psoas and hamstrings; 4+/5 left tibialis anterior and extensor hallicus longus. The treatment plan included getting a lumbar MRI, continuing LidoPro and other medications, acupuncture, and follow up with a shoulder doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 4.5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch)pages 56,57, Salicylate topicals-105, Topical analgesics pages 111-113 Page(s): 56, 57,105,111-113.

Decision rationale: Lidopro Cream 4 oz is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin orLyrica).There is no evidence patient has tried the above mentionaed first line therapy medications. There is no indication that the patient is intolerant to oral medications. Furthermore, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.The request for Lidopro Cream 4 oz is not medically necessary.

Chiropractic two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 4.5.

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

Decision rationale: Chiropractic two times a week for four weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines recommend manual therapy and manipulation for low back pain with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement with total of up to 18 visits over 6-8 weeks. The patient has had 17 prior sessions of chiropractic care with no significant functional improvement or significant improvement in pain levels. The request for 8 more sessions would exceed guideline recommendations. There are no extenuating circumstances documented that would warrant exceeding the guideline recommendations.The patient should be versed in a home exercise program. The request for chiropractic two times a week for fourth weeks is not medically necessary.