MAXIMUS Federal Services

Case Number:	CM14-0087894		
Date Assigned:	07/23/2014	Date of Injury:	10/19/2009
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/11/2014

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 Orthopaedic Surgery 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 patient is a 70 year old male with a reported date of injury of 10/19/2009. A request for 12 Chiropractic visits was contained in a 5/13/14 report from [redacted]. The provider reported his patient to have experienced a flare-up of lower back pain radiating to both hips and legs, neck pain, right shoulder pain and right knee pain. His prior visit for care with this provider was 7/17/13. Records did support the implementation of manual or manipulative therapy. The ODG Guidelines were used to support care at 6 sessions over 2-3 weeks for neck and lower back with further care based on evidence of functional improvement. Date of UR determination: 6/02/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 298-299. Decision based on Non-MTUS Citation Official Disability Guidelines - Chiropractic Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Neck & Upper Back (Acute & Chronic).

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

Decision rationale: The California MTUS guidelines support chiropractic manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal 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. Guidelines generally recommended 1 to 2 chiropractic visits every 4 to 6 months for recurrence/flare-ups of chronic pain but state that 4 to 6 treatments allow time to produce an effect. If there is evidence of objective functional improvement with initial care and documentation of residual functional deficits, additional chiropractic treatment may be supported. The 6/2/14 utilization review modified the request for 12 chiropractic visits for a flare-up to 6 visits consistent with guidelines. There is no compelling reason to support the medical necessity of additional care in the absence of documented objective measurable functional improvement with the initial 6 visits and residual functional deficits to be addressed by further care. Therefore, this request for 12 chiropractic sessions is not medically necessary.

Kera-Tek gel, 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Under consideration is a request for Kera-Tek gel which is a compound containing menthol and methyl salicylate. The California MTUS guidelines for topical analgesics state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines indicate that efficacy in clinical trials of non-steroidal anti-inflammatory (NSAIDs) agents has been inconsistent and most studies are small and of short duration. Guidelines do not recommend topical non-steroid anti-inflammatory drugs (NSAIDs) for neuropathic pain and state there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine or shoulder. Menthol is a topical cooling agent that guidelines support as an optional form of cryotherapy. Guideline criteria have not been met. The treating physician stated that patient presented with neuropathic pain. The medical necessity of topical NSAIDs over oral NSAIDs is not supported by a compelling rationale. The use of this topical NSAID in spinal or shoulder complaints or neuropathic pain is not supported by guidelines. Given the absence of support for this topical compound, this request for Kera-Tek gel 4 oz is not medically necessary.

Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics 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. Topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines state there is no evidence for use of a muscle relaxant, such as cyclobenzaprine, as a topical product. Guidelines do not recommend topical non-steroid anti-inflammatory drugs (NSAIDs), like Flurbiprofen, for neuropathic pain and state there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine or shoulder. Given the absence of guideline support for all components of this product, this product is not recommended by guidelines. Therefore, this request for Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%), 180 grams is not medically necessary.