

Case Number:	CM14-0115862		
Date Assigned:	08/04/2014	Date of Injury:	08/06/2012
Decision Date:	01/23/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/24/2014

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 Internal 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 injured worker (IW) is a 25-year-old man with a date of injury of August 6, 2012. The mechanism of injury occurred as the IW lifted two cases of water and sustained injury to the low back. The current working diagnoses are status post microlumbar decompressive surgery on the left at L5-S1, January 2012; status post microlumbar decompressive surgery at L5-S1 January 2013; and lumbar radiculopathy. Pursuant to the progress reports dated June 4, 2014, the IW presents for follow-up for low back pain. Pain is rated 6/10. He has been stable since his last visit. He reports most of the spasms occur at night. He continues to exercise everyday. He has had 23 sessions of chiropractic care to date that have helped relieve his pain and allowed for an increased level of function. He takes Norco 10/325mg, Prilosec, and Terocin cream as needed. The IW reports the medications help to decrease his pain and allows him to remain active. Objective exam reveals tenderness to palpation of the lumbar spine with spasms into the bilateral paraspinal region, greater into the left side. Range of motion of the lumbar spine is decreased in all planes. Lumbar extension is limited to 5 degrees. He has pain with facet loading of the lumbar spine. Lower extremity sensation is intact bilaterally. The treatment plan recommendations include refill Norco, Prilosec, and Ketoprofen cream. The IW will be placed on a trial of Capsaicin cream. The current request is for Ketoprofen cream and chiropractic care at 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Chiropractic

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic care is not medically necessary. The Official Disability Guidelines enumerate the frequency and duration for physical therapy. Mild: up to six visits over two weeks. Severe: trial of six visits over two weeks; with evidence of objective functional improvement, total of up to 18 visits over six weeks, acute, avoid crime is. Elective/maintenance care is not medically necessary. Recurrences/flare-ups need to reevaluate treatment success, if returned to work achieved in 1 to 2 visits every 4 to 6 months when there is evidence of significant functional limitation on examination that is likely to respond to repeat chiropractic care. In this case, the engine worker is being treated for low back pain. He is status post micro lumbar decompressive surgery on the left L5 - S1, January 2013; status post micro lumbar decompressive surgery at L5-S1, January 2012; and lumbar radiculopathy. The injured worker has had 23 sessions of chiropractic care that has helped his pain and allowed for increased level of function. He continues his home exercise program. Elective/maintenance care is not medically necessary. Recurrences and flare-ups need to be reevaluated treatment success, if returned to work. The request for chiropractic care is two times per week for six weeks. However, collective and maintenance care is not medically necessary. Consequently, absent the appropriate clinical indication in addition to the number of visits requested, Chiropractic Care is not medically necessary.

Ketaprofen cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

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); Back Section, Chiropractic

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, ketoprofen 20% #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen 20% cream is not FDA approved. It has an extremely high incidence of photo contact dermatitis and photo sensitization reactions. Diclofenac gel (a nonsteroidal anti-inflammatory gel) has not been evaluated for treatment of the spine, hip or shoulder. It is indicated in a joint that lends itself to topical treatment. In this case, the treating physician requested ketoprofen 20% #30. The treating physician did not indicate the area to be treated. Ketoprofen has a very high incidence of photo contact dermatitis and photo

sensitization reactions. Additionally it is not FDA approved. Any compounded products that contains at least one drug (ketoprofen not FDA approved) that is not recommended, is not recommended. In an analogous fashion diclofenac and ketoprofen are both topical nonsteroidal anti-inflammatory creams. Diclofenac has not been evaluated for treatment of the spine, hip or shoulder. Similarly, diclofenac is not indicated for treatment of the spine, hip or shoulder. The injured worker's diagnoses are at the level of the lumbar spine. Consequently, ketoprofen cream 20% #30 is not medically necessary.