

Case Number:	CM14-0188009		
Date Assigned:	11/18/2014	Date of Injury:	05/23/1999
Decision Date:	01/06/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Connecticut. 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 72-year-old female who reported an injury on 03/06/1998. The mechanism of injury was not provided. She was diagnosed with recurrent dislocation of the shoulder. Her past treatments were noted to include 4 sessions of chiropractic therapy and medications. On 07/10/2014, the injured worker reported no significant improvements since the last exam. She noted an exacerbation of lower back pain as well as her left shoulder. It was noted that the patient completed 4 of 12 authorized chiropractic sessions in Aug 2013. Upon physical examination of her shoulders, she was noted to have improved range of motion in flexion and abduction. A positive impingement sign was shown bilaterally. The physical examination on the lumbar spine was noted to reveal spasms and restricted range of motion. On 10/02/2014, the injured worker reported significant neck pain and right shoulder pain. Physical examination of her cervical spine revealed spasms and restricted range of motion. Upon physical examination of her shoulders, she was noted to have improved range of motion in flexion and abduction. A positive impingement sign was shown bilaterally. Her current medications were noted to include Ketoprofen 75 mg once daily, carisoprodol 350 mg twice daily, Medrox pain relief ointment apply twice a day, and hydrocodone 10/325 mg twice a day. She was noted to be taking these medications since at least 07/2014. The treatment plan included continued medications, a request to undergo a course of chiropractic care due to worsening muscle spasms and pain in her neck and shoulders, and a follow-up appointment in 12 weeks. A request was submitted for chiropractic x 12, carisoprodol, and Medrox ointment; however, the rationale for the medications was not provided. A Request for Authorization was submitted on 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request for chiropractic x 12 is not medically necessary. The California MTUS Guidelines recommend chiropractic treatment for chronic pain if caused by musculoskeletal conditions. The guidelines recommend 4 to 6 treatments of chiropractic treatment in order to produce effect. With evidence of objective functional improvement, the guidelines recommend continued chiropractic therapy treatments at a frequency of 1 to 2 times per week for the first 2 weeks and thereafter, treatment may continue at 1 treatment per week for the next 6 weeks. The guidelines recommend treatment may continue for a maximum duration of 8 weeks; however, care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The clinical documentation submitted does indicate that the injured worker has had manipulation therapy in the past and indicated she had completed 4 sessions of manipulation therapy; however, the clinical documentation did not provide evidence of objective functional improvements within those treatments. Additionally, the request failed to provide the specific body part the treatment was being requested for. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Carisoprodol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The request for carisoprodol is not medically necessary. The injured worker reported pain to her neck and right shoulder. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increase mobility. Carisoprodol is recommended for no longer than a 2 to 3 week period. The injured worker has been on carisoprodol since at least 07/2014. In the documentation provided, the physician's rationale for this medication was not indicated. There is no documentation that prior use of carisoprodol has resulted in decreased pain and helped increased mobility. Additionally, the request as submitted does not specify a frequency of use or dosage. In the absence of this documentation, the request is not supported. As such, the request is not medically necessary.

Medrox ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Medrox ointment is not medically necessary. The injured worker reported pain to her cervical spine and shoulder. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Medrox ointment contains capsaicin, menthol, and methyl salicylate. The guidelines note topical salicylate is significantly better than placebo in chronic pain. The submitted documentation did not indicate the injured worker had not been responsive to or was intolerant to other treatments including antidepressants and anticonvulsants. In regard to capsaicin, the guidelines state that topical capsaicin is only supported for patients who are intolerant of or have not responded to other treatments. The submitted documentation failed to include sufficient evidence of failure of first line treatment to warrant the use of topical capsaicin. The quantity and frequency for the proposed medication were also not provided. In the absence of the above information, and as the request includes capsaicin which is not recommended, the proposed compounded product is not supported. As such, the request is not medically necessary.