

Case Number:	CM14-0189671		
Date Assigned:	11/20/2014	Date of Injury:	06/19/2013
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 injured worker is a female with a date of injury of 6/19/2013. Per primary treating physician's progress report dated 8/8/2014, the injured worker complains of pain in the cervical spine, right shoulder and lumbar spine. The pain level varies throughout the day, but is rated at 5/10. She states that creams, acupuncture therapy, chiropractic therapy and durable medical equipment are helping her symptoms. On examination, Jamar grip strength is 20/20/20 kg on the right and 5/5/5 kg on the left. Cervical spine range of motion is limited due to spasm. Lumbar spine range of motion is decreased due to spasm. Right shoulder impingement test is positive. Diagnoses include cervical spine sprain/strain, rule out disc pathology, cervical spine herniated nucleus pulposus; right shoulder impingement syndrome; right wrist pain; lumbar spine sprain/strain, lumbosacral spine herniated nucleus pulposus; and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2 times a week for 6 weeks for the Cervical Spine: 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 and manipulation Page(s): 58-61.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect 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. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks are recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months are reasonable. The injured worker reports that chiropractic care has been beneficial. It is not clear how many sessions of chiropractic care the injured worker has already received, but it is noted that there were 12 sessions requested on 8/8/2014. The benefit of chiropractic care is not reported in terms of degree of symptoms relief, or improvement in function. The clinical exam does not indicate that there has been any functional improvement. Medical necessity for additional chiropractic care has not been established within the recommendations of the MTUS Guidelines. Therefore, this request is not medically necessary.

Acupuncture PT 2 times a week for 6 weeks for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. The injured worker reports that acupuncture has been beneficial. It is not clear how many sessions of acupuncture the injured worker has already received, but it is noted that there were 12 sessions requested on 8/8/2014. The benefit of acupuncture is not reported in terms of degree of symptom relief, or improvement in function. The clinical exam does not indicate that there has been any functional improvement. Medical necessity for additional acupuncture has not been established within the recommendations of the MTUS Guidelines. The request is also for more sessions than recommended by the MTUS Guidelines. The request for acupuncture PT 2 times a week for 6 weeks for the cervical spine is determined to not be medically necessary.

Flurbiprofen 20%, Tramadol 20% in Mediderm Base, 30g and 120g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Opioids for Neuropathic Pain, Opioids, specific drug list, Topical Analgesics Page(s): 6.

Decision rationale: Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical Flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that Tramadol is not recommended as a first-line analgesic. The MTUS Guidelines do not specifically address the use of topical Tramadol. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The active ingredients in this compounded topical analgesic are not supported by the MTUS Guidelines. The request for Flurbiprofen 20%, Tramadol 20% in Mediderm Base, 30g and 120g is determined to not be medically necessary.

Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% In Mediderm Base 30g and 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy.

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

Decision rationale: The MTUS Guidelines do not recommend the use of topical Gabapentin as there is no peer-reviewed literature to support use. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and Official Disability Guidelines do not address the use of Amitriptyline or other antidepressants as topical agents for pain; however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. The MTUS Guidelines do not address the use of topical Dextromethorphan, however, the other agents are not recommended for use as topical analgesics. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The request for Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm Base 30g and 120g is determined to not be medically necessary.