

Case Number:	CM14-0192335		
Date Assigned:	11/26/2014	Date of Injury:	03/12/2000
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 sustained a work related injury of the low back on March 12, 2000. The exact mechanism of the work related injury was not included in the documentation provided. The Primary Treating Physician's report dated June 27, 2014, noted the injured worker with lower back pain, noting marked benefit from use of topical cream. Physical examination was noted to show the inspection of bones, joints, and muscles unremarkable, with decreased range of motion of the lumbosacral spine with point tenderness on deep palpation at L3-S1. The Physician noted pain with rotation and extension likely indicative of capsular tears concomitant to the point tenderness with facet capsular tears. The Physician noted the impressions of chronic axial lumbosacral spinal pain likely multifactorial in origin, with references to multiple physician evaluations and radiographic studies. The referenced physician evaluations and radiographic studies were not included in the provided documentation. The Primary Treating Physician's report dated October 27, 2014, noted the injured worker with lower back pain, with benefit noted from medications home exercise program, and initial two chiropractic sessions. The Physician requested authorization of ten chiropractic care visits for the lumbar spine, topical compound Ketoprofen 10% Cyclobenzaprine 3% Capsaicin 0.075% Menthol 2% Camphor 1% to be applied twice daily, and Ultram ER 100mg tablets #30. On November 7, 2014, Utilization Review evaluated the requests for topical compound Ketoprofen 10% Cyclobenzaprine 3% Capsaicin 0.075% Menthol 2% Camphor 1% to be applied twice daily, and Ultram ER 100mg tablets #30, citing MTUS Chronic Pain Medical Treatment Guidelines, American College of Occupational and Environmental Medicine (ACOEM) Low Back Complaints, and Clinical Evidence: BMJ Publishing Group, Ltd: London, England, www.clinicalevidence.com. The UR Physician noted that there was no indication that the injured worker's pain medication had been reduced after the two previous chiropractic sessions, and that improvement in functional improvement was not

provided. The UR Physician noted the medical necessity of further chiropractic care was not apparent, therefore the request for ten chiropractic care visits was recommended for non-certification. The UR Physician noted that as there was no documentation of a narcotic contract or urine screening, with the pain level documented as only 4-5/10, the medical necessity of the Ultram ER was not apparent and the recommendation was for non-certification. The UR Physician noted the physician had not documented the injured worker as not responding to, or intolerant of other treatments, therefore the topical compound of Ketoprofen 10% Cyclobenzaprine 3% Capsaicin 0.075% Menthol 2% Camphor 1% to be applied twice daily was not medically necessary and non-certified. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 10 visits, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 58-60.

Decision rationale: The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. In this case, the medical record documents an improvement in function of 50-60% after 2 session of chiropractic therapy and it is reasonable to extend this treatment. An additional 10 sessions of chiropractic therapy falls within the CA MTUS guidelines and is medically necessary.

Ketoprofen 10% Cyclobenzaprine 3% Capsaicin 0.075% Menthol 2% Camphor 1% in UL to be applied twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Ketoprofen is not FDA approved for topical application

and there is not medically indicated. Muscle relaxers such as cyclobenzaprine are specifically not indicated for topical use by CA MTUS guidelines. As the requested topical cream contains these two agents specifically not indicated for topical use by CA MTUS, the entire compounded cream is not medically necessary.

Ultram ER 100mg tablets #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case appears to recommend the new use of Tramadol, as it is not included on the active medication list nor is any prior response to its use included in the historical record for a pain level of 4-5/10. In the same note, an apparently new prescription for Celebrex is also provided. Other than response of pain to chiropractic manipulation and topical medication, there is no other record of medication trial for the pain. There is no documentation of any discussion of a narcotic agreement or assessment of risk of dependency or diversion. Therefore, the record does not support medical necessity of opioid therapy with Tramadol. The request is not medically necessary.