

Case Number:	CM15-0004874		
Date Assigned:	01/16/2015	Date of Injury:	06/24/2014
Decision Date:	03/12/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 54 year old male, who sustained an industrial injury on June 24, 2014. He has reported pain and tingling involving his left upper extremity, hand and bilateral shoulders. The diagnoses have included carpal tunnel syndrome, parasthesias and cervicgia. Treatment to date has included chiropractic treatment, acupuncture, diagnostic studies, TENS unit and medications. Currently, the injured worker complains of left hand pain around the thumb along with tingling and numbness in the left first and fifth digits and left sided neck pain. He has shoulder pain that fluctuates with work. He stated his acupuncture had minimal effect. On December 19, 2014, Utilization Review non-certified chiropractic care 2x4 to cervical spine and left upper limb girdle and transdermal creams: Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 240 grams, noting the Medical Treatment Utilization Schedule and Official Disability Guidelines. On January 9, 2015, the injured worker submitted an application for Independent Medical Review for review of chiropractic care 2x4 to cervical spine and left upper limb girdle and transdermal creams: Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care 2x4 to Cervical Spine & Left Upper Limb Girdle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation/ Physical Medicine Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, Manipulation

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic treatment two times per week times four weeks to the cervical spine and left upper limb girdle is not medically necessary. The Official Disability Guidelines enumerate the frequency and duration for chiropractic treatment. Regional neck pain receives nine visits over eight weeks. Cervical strain: Mild, grade 1, up to six visits over 2 to 3 weeks. Moderate: (grade 2)-trial of six visits over 2 to 3 weeks, with evidence of objective way (avoid chronicity). Severe: (grade 3)-trial of 10 visits over 4-6 weeks, with evidence of objective functional improvement, a total of up to 25 visits over six months may be indicated. (Avoid chronicity). For details see the official disability guidelines. In this case, the injured worker's working diagnoses are cervical spine pain; cervical spine/left upper limb girdle myofascial pain; multilevel 4 mm disc osteophyte compresses C3-C5, C5-C6 and C6-C7; severe bilateral neural foraminal narrowing C3-C4; severe left and moderate right neural foraminal narrowing C3-C4; moderate left and mild right and right neural foraminal narrowing C6; partial tear of flexor pollicis longus tendon, palmar aspect of metacarpophalangeal joint, left thumb. The documentation indicates the injured worker received chiropractic treatment, acupuncture, physical therapy, TENS and medications. There are no chiropractic progress notes in the medical record indicating objective functional improvement. There are no chiropractic notes indicating the total number of chiropractic sessions received by the injured worker. The guidelines recommend up to 6 visits for mild injury and for moderate injury a trial of six visits over two to three weeks but with evidence of objective functional improvement a total of 18 visits over 6 to 8 weeks may be indicated. Guidelines indicate avoid chronic treatment. The documentation does not contain ample evidence to warrant additional chiropractic treatment. Consequently, absent clinical documentation with objective evidence of functional improvement and the total number of chiropractic sessions, chiropractic treatment two times per week for four weeks to the cervical spine and left upper limb girdle is not medically necessary.

Transdermal Creams: Flurbiprofen 20%-Lidocaine 5%/Amitriptyline 5% #240gm, apply 2-4 pumps (1.0gm-2.0gm) topically 2-3 times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transdermal cream containing Flurbiprofen 20%, lidocaine 5%, amitriptyline 5% #240 gms 2- 4 pumps BID to TID 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. Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are cervical spine pain; cervical spine/left upper limb girdle myofascial pain; multilevel 4 mm disc osteophyte compresses C3-C5, C5-C6 and C6-C7; severe bilateral neural foraminal narrowing C3-C4; severe left and moderate right neural foraminal narrowing C3-C4; moderate left and mild right and right neural foraminal narrowing C6; partial tear of flexor pollicis longus tendon, palmar aspect of metacarpophalangeal joint, left thumb. The documentation indicates the injured worker received chiropractic treatment, acupuncture, physical therapy, TENS and medications. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen- not FDA approved) that is not recommended is not recommended. Consequently, transdermal cream containing Flurbiprofen 20%, lidocaine 5%, amitriptyline 5% is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, transdermal cream containing Flurbiprofen 20%, lidocaine 5%, amitriptyline 5% #240 g two - four pumps b.i.d. to t.i.d is not medically necessary.