

Case Number:	CM15-0140535		
Date Assigned:	07/30/2015	Date of Injury:	09/07/1982
Decision Date:	08/27/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male who sustained an industrial injury on 9-7-1982. He reports his injury is due to cumulative trauma involving several take-downs and car chases for 32 years. He has reported neck and low back pain and has been diagnosed with cervical disc herniations with neural foraminal narrowing, facet arthropathy of cervical spine, thoracic sprain strain, cervical radiculopathy, and severe lumbar stenosis. Treatment has included injections, chiropractic care, physical therapy, acupuncture, medications, and medical imaging. Physical examination noted he was non-tender over the spinous process. On inspection, he did have obvious kyphosis of the thoracic spine. He had diffuse tenderness to palpation of the lumbar spine. The treatment plan included physical therapy, chiropractic care, acupuncture, injections, and medications. The treatment request included 1 prescription for topical capsaicin 0.05% and cyclo 4% cream and 8 chiropractic treatments for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for topical capsaicin 0.05% and cyclo 4% cream: 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 Capsaicin Section, Topical Analgesics Section Page(s): 28, 111-113.

Decision rationale: 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. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. As at least one of the medications in the requested compounded medication is not recommended by the established guidelines, the request for one (1) prescription for topical capsaicin 0.05% and cyclo 4% cream is determined to not be medically necessary.

Chiropractic treatments for lumbar spine x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58-61.

Decision rationale: Per the MTUS 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 is 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 is reasonable. In this case, the injured worker has participated in 26 prior chiropractic sessions without significant pain relief or increase in function. Additionally, he has recently been approved for 8 physical therapy appointments that have not yet begun. The request for chiropractic treatments for lumbar spine x 8 is determined to not be medically necessary.