

Case Number:	CM15-0147627		
Date Assigned:	08/10/2015	Date of Injury:	07/20/2010
Decision Date:	09/04/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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: Physical Medicine & Rehabilitation

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 57-year-old female, who sustained an industrial injury on July 20, 2010. Treatment to date has included diagnostic imaging, lumbar fusion, home exercise program, physical therapy, aquatherapy, lumbar epidural steroid injection, TENS unit, topical medications, opioid medications, heat therapy and work restrictions. Currently, the injured worker complains of stabbing pain in the low back which she rates a 6 on a 10-point scale. She reports that her pain radiates into the right hip and down the right lower extremity into the foot. She reports occasional numbness and tingling from the knee to the toes. Her pain is exacerbated with sitting, standing, rising and bending forward. She describes the pain as intermittent in nature and notes pain and numbness of the left lower extremity. Her pain is aggravated with activities of daily living and she notes there is not much that relieves the pain. She uses a cane and walker for assistance with ambulation. On physical examination, the injured worker has an antalgic gait and an abnormal heel and toe walk. She has tenderness to palpation over the lumbar spine midline and the paraspinal muscles with spasms. She has decreased sensation over the right L4-L5 dermatomes and decreased motor strength of the bilateral lower extremities. She has positive straight leg raise test on the right, a positive slump test and Lasegue's maneuver on the right as well. The diagnoses associated with the request include chronic back pain, and lumbar radiculopathy. The treatment plan includes chiropractic therapy for the lumbar spine, cyclobenzaprine, apap-codeine, and CM5 caps 0.05%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2 x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic 2010 injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains not changed without functional restoration approach. The Chiro 2 x 4 weeks is not medically necessary and appropriate.

CM5 Caps 0/05% + cycl 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded Capsaicin and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Capsaicin cream/gel is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally, Guidelines do not recommend "long-term use of this muscle relaxant for this chronic 2010 injury without improved functional outcomes attributable to their use. The CM5 Caps 0/05% + cycl 4 is not medically necessary and appropriate."