

Case Number:	CM15-0160877		
Date Assigned:	09/02/2015	Date of Injury:	04/29/2014
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41-year-old female who sustained an industrial injury on 04-29-2014 due to a motor vehicle accident. Diagnoses include cervical spine sprain, strain, rule out herniated nucleus pulposus; rule out cervical spine radiculopathy; low back pain; lumbar spine herniated nucleus pulposus; lumbar spine degenerative disc disease; rule out lumbar spine radiculopathy; anxiety disorder; mood disorder; sleep disorder; and stress. Treatment to date has included medication, physical therapy, bracing and activity restrictions. According to the progress notes dated 7-1-2015, the IW (injured worker) reported constant moderate to severe neck pain, rated 7 out of 10, with associated numbness and tingling in the bilateral upper extremities; and constant moderate to severe low back pain, rated 8 out of 10, with associated numbness and tingling in the bilateral lower extremities. She had related issues with stress, anxiety, insomnia and depression. The IW stated medications helped with pain and sleep and were tolerated well. On examination, the suboccipital region, scalene and trapezius muscles were tender to palpation and cervical spine range of motion (ROM) was decreased. Heel walking caused pain. Muscles in the low back, the right sciatic notch and the lumbosacral junction were tender to palpation. A trigger point was noted in the posterior superior iliac spine. Lumbar ROM was reduced, with pain during flexion. Tripod sign, flip test and Lasegue's were positive bilaterally. There was some sensory loss and decreased motor strength in the bilateral lower extremities. A request was made for return office visit; Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, topical compound cream Ketoprofen cream, Capsaicin, Flurbiprofen, Menthol, Gabapentin and Camphor; chiropractic three times a week for six weeks, physical therapy three times a week for six weeks and acupuncture three times a week for six weeks for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cream: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen Cream, Capsaicin, Flurbiprofen, Menthol, Gabapentin:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for Topical Compound Cream: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen Cream, Capsaicin, Flurbiprofen, Menthol, Gabapentin, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested Topical Compound Cream: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen Cream, Capsaicin, Flurbiprofen, Menthol, Gabapentin is not medically necessary.

Chiropractic 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. Within the documentation available for review, it does not appear the patient has undergone chiropractic care before. The currently requested 18 visits exceeds the 6-visit trial recommended when initiating chiropractic care. If the patient has undergone chiropractic care before, there is no documentation of objective functional improvement from previous chiropractic sessions to support additional sessions. In the absence of clarity regarding those issues, the currently requested chiropractic care is not medically necessary.

Physical Therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Acupuncture 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it does not appear the patient has undergone acupuncture before. The currently requested 18 visits exceeds the 6-visit trial recommended when initiating acupuncture. If the patient has undergone acupuncture before, there is no documentation of objective functional improvement from previous acupuncture sessions to support additional sessions. As such, the currently requested acupuncture is not medically necessary.