

<b>Case Number:</b>	CM15-0161908		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, Michigan

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 59 year old female injured worker suffered an industrial injury on 8-11-2014. The diagnoses included right knee internal derangement, lumbar herniated discs at multiple levels and myospasms. The treatment included medications and therapy. The diagnostics included right knee and lumbar magnetic resonance imaging. On 7-8-2015 the treating provider reported low back pain rated 8 to 9 out of 10 and right knee pain rated 6 out of 10. On exam there was diffuse tenderness to the lumbar spine and tenderness to the right knee. The injured worker had not returned to work. The requested treatments included Chiropractic Treatment, Norflex, Topical Medication Flurb/Cap/Cam, Topical Medication Cyclo/Lido, and Urine Toxicology Screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment 3x4 to Lumbar:** 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:** MTUS Chronic Pain Medical Treatment Guidelines, Manual therapy and Manipulation is recommended for chronic pain if caused by musculoskeletal conditions. It is recommended for low back and not for ankle, foot, carpal tunnel syndrome, forearm, wrist, hand and knees. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitated progression in the patient's therapeutic exercise program and return to productive activities. The time to produce effect is 4 to 6 treatment with maximum duration of 8 weeks. At that time the patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic conditions in which manipulation is helpful in improving function and quality of life. The documentation provided indicated the lumbar spine was tender. There was no objective clinical evaluation or goals of therapeutic treatment included in the medical record. Therefore Chiropractic Treatment was not medically necessary.

**Norflex 100mg #80:** 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): Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. The documentation provided indicated a diagnosis of myospasm, however on physical exam there is no evidence of spasms. There was no evidence of an acute conditions or acute exacerbation of a condition. There was no evidence of prior benefit or functional improvement. Therefore Norflex was not medically necessary.

**Topical Medication Flur/Cap/Cam #120gm:** 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:** MTUS Chronic Pain Medical Treatment Guidelines for Compounded topical analgesics stated that any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The documentation provided indicated this preparation contained a nonsteroidal anti-inflammatory drug Flurbiprofen. The only FDA approved topical analgesic NSAID is Voltaren gel. Therefore Topical Medication Flurb/Cap/Cam is not medically necessary.

**Topical Medication Cyclo/Lido #120gm: 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:** MTUS Chronic Pain Medical Treatment Guidelines for Compounded topical analgesics stated that any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The documentation provided indicated this preparation contained Lidocaine. The only FDA approved Lidocaine preparation for chronic pain use as a topical analgesic is Lidoderm. Muscle relaxants are not approved for topical use. Therefore Topical Medication Cyclo/Lido is not medically necessary.

**Urine Toxicology Screen: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

**Decision rationale:** Per the MTUS and ODG, Urine Drug Testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunctions with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine testing should be based on documented evidence of risk assessment. Patients at "low risk" of addictions/aberrant behavior should be tested within 6 months of initiating therapy and on a yearly basis thereafter. There was no evidence of opioid medication use, any other medication that required periodic urine drug screens or evidence of risk stratification. Therefore, Urine Toxicology Screen was not medically necessary.