

Case Number:	CM15-0164290		
Date Assigned:	09/01/2015	Date of Injury:	02/17/2015
Decision Date:	10/15/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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 65 year old female, who sustained an industrial injury on February 17, 2015. She reported neck pain, bilateral wrist pain, bilateral thumb pain and numbness and low back pain. The injured worker was diagnosed as having posttraumatic cephalgia, cervical musculoligamentous strain and sprain, bilateral wrist sprain and strain, left shoulder strain and sprain and bilateral thumb tenosynovitis. Treatment to date has included chiropractic care, shockwave therapy and work restrictions. Currently, the injured worker continues to report neck pain, bilateral wrist and thumb pain with associated tingling and numbness and low back pain. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 16, 2015, revealed continued pain as noted. She rated her neck pain at 8 on a 1-10 scale with 10 being the worst, her low back pain at 5 and her bilateral wrist and thumb pain at 9 on a 1-10 scale with 10 being the worst. Chiropractic care, shockwave therapy and a left thumb brace were recommended. It was noted she was on temporary partial disability status. Evaluation on May 21, 2015, revealed continued pain as noted. She rated her neck pain at 8, her low back pain at 3 and her bilateral wrist and thumb pain at 9 on a 1-10 scale with 10 being the worst. She noted the wrist and thumb pain had increased wince the last visit. Evaluation on June 25, 2015, revealed continued pain as noted. She continued to rate her pain from 6-9 on a 1-10 scale with 10 being the worst. Chiropractic care and shockwave therapy were continued. Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic

Acid 0.2%, in cream base to apply a thin layer twice a day-3 times a day as needed for pain #210gm for 30 days and Chiropractic therapy 2 times a week for 6 weeks were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 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: Based on the 5/21/15 progress report provided by the treating physician, this patient presents with neck pain, low back pain, left shoulder pain, left thumb pain, and bilateral wrist pain/numbness. The treater has asked for Chiropractic therapy 2 times a week for 6 weeks but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient rates her neck pain as 8/10, her low back pain as 3/10, and left shoulder pain as 7/10 per 5/21/15 report. The patient is s/p a course of chiropractic therapy of unspecified sessions per 6/25/15 report. The patient was prescribed a left thumb spica brace per 4/16/15 report. The patient's work status is "return to modified work on 6/25/15 per 5/21/15 report. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. The treater is requesting a course of 12 additional chiropractic sessions. Utilization review letter dated 7/28/15 denies request citing that a course of chiropractic treatment was recently completed, but number of sessions not specified. The patient completed an evaluation for chiropractic treatment per 5/21/15, and has completed a course of chiropractic treatment (of unspecified number of sessions) per 6/25/15 report. MTUS allows up to 18 visits of 6-8 weeks with evidence of functional improvement. However, the treater does not document the efficacy of the recently completed course of chiropractic therapy. The request for additional chiropractic sessions is not in accordance with MTUS guidelines. Therefore, the request is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2%, in cream base to apply a thin layer twice a day-3 times a day as needed for pain #210gm for 30 days: 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: Based on the 5/21/15 progress report provided by the treating physician, this patient presents with neck pain, low back pain, left shoulder pain, left thumb pain, and bilateral wrist pain/numbness. The treater has asked for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2%, in cream base to apply a thin layer twice a day-3 times a day as needed for pain #210gm for 30 days but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient rates her neck pain as 8/10, her low back pain as 3/10, and left shoulder pain as 7/10 per 5/21/15 report. The patient is s/p a course of chiropractic therapy of unspecified sessions per 6/25/15 report. The patient was prescribed a left thumb spica brace per 4/16/15 report. The patient's work status is "return to modified work on 6/25/15, per 5/21/15 report. MTUS, Topical Analgesics section, pg. 111: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as mono therapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS, Topical Analgesics section pg. 113: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The treater does not discuss this request in the reports provided. Per review of reports, the patient has not had prior use of this topical cream. The requested compounded topical cream, however, is not indicated per MTUS guidelines. As Baclofen, a topical muscle relaxants, is not indicated by MTUS for topical use, the entire compounded topical cream is also not indicated. The request is not medically necessary.