

Case Number:	CM15-0204082		
Date Assigned:	10/22/2015	Date of Injury:	05/31/2012
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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 67 year old female, who sustained an industrial injury on 05-31-2012. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for right shoulder sprain-strain with early frozen shoulder, cervical spine sprain-strain, right elbow lateral epicondylitis, right wrist sprain-strain, right hand sprain-strain, lumbar spine sprain-strain, right medial thigh pain, and right foot-ankle sprain-strain. Treatment and diagnostics to date has included bracing, physical therapy, and medications. Recent medications have included Flurbiprofen cream (since at least 07-20- 2015). Subjective data (07-28-2015 and 08-24-2015), included cervical spine, right shoulder, and right wrist-hand pain. The treating physician noted on the 08-24-2015 progress report that the topical cream was "helpful" and the injured worker reported "decreased use of oral pain medications as a result." The request for authorization dated 08-26-2015 requested chiropractic treatment 2x3 for the cervical spine, lumbar spine, and right shoulder. The Utilization Review with a decision date of 10-05-2015 denied the request for chiropractic treatment twice weekly to right shoulder, chiropractic treatment twice weekly to cervical-lumbar spine, and Flurbiprofen cream with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, Twice Weekly for 3 Weeks, Cervical/Lumbar Spine, Right Shoulder: Upheld

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

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

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. 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 2012 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 work/functional status from treatment already rendered by previous chiropractic care as the patient remained on TTD status. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic Treatment, Twice Weekly for 3 Weeks, Cervical/Lumbar Spine, and Right Shoulder is not medically necessary and appropriate.

Flurbiprofen Cream QTY: 1 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for this chronic injury nor have they demonstrated any functional efficacy in terms of improved work status, decreased VAS score level, specific increased in ADLs, decreased in pharmacological dosing or discontinuation of analgesics, and decreased in medical utilization derived from previous NSAID use. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high risk patients, especially those with reduced drug metabolism as in renal failure. Submitted reports have not identified any intolerance to oral medications. The Flurbiprofen Cream QTY: 1 with 1 Refill is not medically necessary and appropriate.