

Case Number:	CM15-0028486		
Date Assigned:	02/20/2015	Date of Injury:	03/19/2013
Decision Date:	05/20/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/16/2015

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, Arizona

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 56 year old female, who sustained an industrial injury on 3/19/2013. The mechanism of injury was not provided. The diagnoses have included lumbar sprain. Treatment to date has included conservative measures. The PR2 report, dated 2/17/2015, was handwritten and illegible. Currently, the injured worker complains of pain, insomnia, and fatigue. Objective findings included decreased lumbar range of motion and positive spasm. Current medication regime was not noted. Prior diagnostic testing was not submitted. On 1/16/2015, Utilization Review (UR) non-certified a request for Tramadol 50mg #60, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, non-certified a request for Ketoprofen 10%/Cyclobenzaprine 3%/Lidocaine 5% 120 grams, citing MTUS Chronic Pain Medical Treatment Guidelines, non-certified a request for Flurbiprofen 0.025%/Capsaicin 2%/Camphor 10 1% 120 grams, citing MTUS Chronic Pain Medical Treatment Guidelines, non-certified a request for acupuncture (1x4), citing MTUS Acupuncture Medical Treatment Guidelines, and non-certified a request for chiropractic/physiotherapy (2x4), citing MTUS Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/Physiotherapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculo-skeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review failed to provide legible documentation and failed to indicate whether this was initial or subsequent chiropractic and physiotherapy. The request as submitted failed to indicate the body part to be treated. Given the above, the request for chiropractic/physiotherapy 2x4 is not medically necessary.

Acupuncture 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Medical Fee Schedule 9789.10-9789.111 - Acupuncture Medical Treatment guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to provide documentation as to whether this was the initial or secondary acupuncture treatment. There was a lack of legible documentation to support the use of acupuncture. If this was additional acupuncture, the quantity of sessions, and objective

functional improvement were not noted. The request as submitted failed to indicate the body part to be treated. Given the above, the request for acupuncture 1x4 is not medically necessary.

Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% - 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound Page(s): 111, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals, Flurbiprofen, Capsaicin Page(s): 111, 105, 72.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicates that topical analgesics are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Topical Flurbiprofen-FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Salicylate Topicals are recommended. The clinical documentation submitted for review failed to provide documentation that the injured worker had pain that was unresponsive to other treatment. There was a lack of documentation of a failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency and the body part to be treated. There was a lack of documentation indicating a necessity for 2 topical NSAIDs. Given the above and the lack of documentation, the request for Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% - 120gm is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% -120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound Page(s): 111, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Lidocaine, Ketoprofen Page(s): 41,111,112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended-do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Ketoprofen is not currently FDA approved for a topical application. The

guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide documentation of a failure of anticonvulsants and antidepressants. The request as submitted failed to indicate the frequency for the requested medication and the body part to be treated. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% -120 gm is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide legible documentation of objective functional improvement and an objective decrease in pain. The documentation indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of the injured worker being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg #60 is not medically necessary.