

<b>Case Number:</b>	CM15-0214150		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	02/14/2006
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Texas, New York, California  
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of February 14, 2006. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for eight sessions of chiropractic manipulative therapy and topical ketoprofen cream apparently prescribed on or around September 18, 2015. The applicant's attorney subsequently appealed. On September 18, 2015 office visit, the applicant reported multifocal complaints of neck, low back, and left upper extremity pain. The applicant had received 15 prior sessions of chiropractic manipulative therapy, the treating provider acknowledged. Additional manipulative therapy was sought while topical ketoprofen was renewed. The applicant was also apparently using oral Tylenol for pain relief, the treating provider acknowledged. Permanent work restrictions were renewed. The attending provider did not clearly indicate whether the applicant was or was not working with said limitations in place, although the applicant did seemingly write on a questionnaire dated September 18, 2015 that he was, in fact, working on that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care, cervical and lumbar spine, 2 times weekly for 4 weeks, 8 sessions:**  
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:** No, the request for eight (8) sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. The 8-session course of manipulative therapy at issue, in and of itself, represented treatment in excess of the one to two visits recommended every four to six months in the event of the recurrences or flares of low back pain, per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for such a lengthy, protracted course of therapy well in excess of the MTUS parameters. Therefore, the request is not medically necessary.

**CM3 - Ketoprofen 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Similarly, the request for a ketoprofen-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketoprofen, i.e., the article in question is not FDA approved for topical application purposes. The attending provider failed to furnish a clear or compelling rationale for provision of the ketoprofen-containing cream in the face of the unfavorable MTUS and FDA positions on the same. The applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Tylenol, moreover, effectively obviated the need for the ketoprofen-containing cream in question. Therefore, the request is not medically necessary.