

<b>Case Number:</b>	CM15-0040211		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is a 42 year old female, who sustained an industrial injury on 10/19/2012. She reported a lower back, upper back, and neck injury. The injured worker is now diagnosed as having cervical myositis, cervical radiculopathy, cervical spine sprain/strain, cephalgia, status post lumbar spine surgery, lumbar radiculopathy, lumbar spine sprain/strain, and thoracic spine sprain/strain. Treatment to date has included MRI of the lumbar spine, lumbar spine surgery, and medications. In a progress note dated 12/10/2014, the injured worker presented with complaints of low back dull and aching pain, neck dull and aching pain with associated headaches and middle back dull and aching pain. The treating physician reported prescribing medications and requesting authorization for cardiopulmonary testing, chiropractic treatment, physical therapy, trigger point injections, and Toradol injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 x 3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Low Back Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement in order to meet the standards outlined in the guidelines. It certainly seems possible the patient may benefit from conservative treatment with manual therapy at this time. However, early re-evaluation for efficacy of treatment/functional improvement is critical. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 6 visits over two weeks with a plan to follow up to assess for added clinical benefit/functional improvement prior to requesting further therapy can be considered medically appropriate as the request is in-line with the MTUS guidelines.

**Flurbiprofen 20%/Gabapentin 6%/Lidocaine 5%/Baclofen 2%/Cyclobenzaprine 2%  
180gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine, Baclofen, and Gabapentin are not recommended as topical lotions or gels for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence for failed treatment by other modalities or any evidence of further clinical reasoning for the request due to the illegibility of provided notes makes the requested treatment not medically indicated.