

Case Number:	CM15-0059366		
Date Assigned:	04/03/2015	Date of Injury:	02/28/2014
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: California

Certification(s)/Specialty: Family Practice

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 37 year old male who sustained an industrial injury on 02/28/2014. He reported pain in the neck, upper/mid back, lower back, bilateral shoulders, and arms. The injured worker was diagnosed as having head pain, cervical sprain/strain with radiculitis, rule out cervical spine discogenic disease, thoracic sprain/strain lumbosacral strain/sprain, lumbar spine discogenic disease, bilateral shoulder sprain/strain, bilateral shoulder impingement syndrome, and bilateral hip strain/sprain. Treatment to date has included chiropractic therapy and physical therapy. Currently, the injured worker complains of headaches, pain in the neck, mid/upper back lower back, and bilateral shoulders/arms. Treatment plans include ongoing chiropractic therapy and acupuncture with use of compounded creams. Requests for authorization were presented for Gabapentin 10%, Amitriptyline 10% in cream 210gm, Flurbiprofen 20%, Dexamethasone 2%, and Camphor 2%, Capsaicin 0.025% in cream, 210gm, and Chiropractic 2 x 6 weeks for diagnosis of shoulder and upper arm sprain/strain. Extra-corporeal Shock Wave Therapy report dated 4/4/14 for the shoulder notes that the injured worker has failed treatment including manipulative therapy. Extra-corporeal Shock Wave Therapy report dated 8/27/14 for the cervical spine notes that the injured worker has failed treatment including manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10% in Cream 210gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that is no peer-reviewed literature to support use of topical gabapentin. The request for Gabapentin 10%, Amitriptyline 10% in Cream 210gm is not medically necessary and appropriate.

Flurbiprofen 20%, Dexamethasone 2%, Camphor 2%, Capsaicin 0.025% in cream, 210gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is an anti-inflammatory medication. Per the MTUS guidelines, topical anti-inflammatory medications have not been evaluated for treatment of the spine, hip or shoulder, and in this case the complaints are related to the spine and shoulder. The request for Flurbiprofen 20%, Dexamethasone 2%, Camphor 2%, Capsaicin 0.025% in cream, 210gm is not medically necessary and appropriate.

Chiropractic 2 x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manipulation for the Low back Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Upper Back Chapter.

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

Decision rationale: According to the MTUS guidelines, manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the

achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, procedure reports for extracorporeal shock wave therapy for the shoulder and cervical spine had specifically noted that the injured worker had failed manipulative therapy. As such, the request for additional chiropractic treatment is not supported. The request for Chiropractic 2 x 6 weeks is not medically necessary and appropriate.