

Case Number:	CM15-0061910		
Date Assigned:	04/07/2015	Date of Injury:	09/10/2013
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 was a year old female, who sustained an industrial injury, September 10, 2013. The injured worker previously received the following treatments 3 postoperative chiropractic services, surgery, home exercise program, Flexeril, Pamelor, Capsaicin cream, LidoPro cream, Norco, 2-3 physical therapy session, 5 acupuncture sessions, Tylenol, 2 Lumbar cortisone injections, Elavil, Etodolac, Ketoprofen, Norflex, cervical spine MRI and lumbar spine MRI. The injured worker was diagnosed with HPN (herniated nucleus pulposus) of the lumbar spine, cervical radiculopathy, ligamentum flavum hypertrophy with spinal stenosis and lumbar radiculopathy. According to progress note of February 5, 2015, the injured workers chief complaint was low back pain. The injured worker rated the pain a 9 out of 10 on the pain scale 0 being no pain and 10 being the worse pain. The injured worker reported the pain came and went, presented when it was cold. The injured worker had micro-lumbar decompression surgery to the left L4-L5 on September 16, 2014. The injured worker stated the left leg symptoms remain the same persistently radiating down the left leg, slightly better than before surgery. The injured worker stated the chiropractic services were helping with strength and range of motion. The treatment plan included additional chiropractic treatments 2 times a week for 4 weeks and prescription renewals for LidoPro Topical Ointment and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 X 4 TO LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-312.

Decision rationale: This female patient has complained of low back pain since date of injury 9/10/13. She has been treated with lumbar spine surgery, acupuncture, chiropractic therapy, epidural steroid injection and medications. The current request is for Chiropractic treatment 2 X 4 to the lumbar spine. The available medical records do not contain documentation of specific functional benefit or decrease in medication use from prior chiropractic sessions for the lumbar spine. On the basis of the available medical records and per the ACOEM guidelines cited above, chiropractic treatment 2 x 4 to the lumbar spine is not indicated as medically necessary.

LIDOPRO TOPICAL OINTMENT #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL.

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

Decision rationale: This female patient has complained of low back pain since date of injury 9/10/13. She has been treated with lumbar spine surgery, acupuncture, chiropractic therapy, epidural steroid injection and medications. The current request is for Lidopro topical ointment. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidopro ointment is not indicated as medically necessary.

CYCLOBENZAPRINE 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

Decision rationale: This female patient has complained of low back pain since date of injury 9/10/13. She has been treated with lumbar spine surgery, acupuncture, chiropractic therapy, epidural steroid injection and medications to include Cyclobenzaprine since at least 01/2015. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine

should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not considered medically necessary for this patient.