MAXIMUS Federal Services

Case Number:	CM14-0130558		
Date Assigned:	08/20/2014	Date of Injury:	08/25/2007
Decision Date:	09/19/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46 years old female with an injury date on 08/25/2007. Based on the 07/30/2014 progress report provided by [redacted], the diagnoses are: 1. Myofascial pain syndrome chronic. 2. Cervical spine strain, Lumbar spine strain, chronic. 3. Lumbosacral Radiculopathy right and left chronic. According to this report, the patient complains of neck pain and back pain with numbness in the legs. Positive left straight leg raise test and decreased sensation at the bilateral feet was noted. Lumbar range of motion is limited by 10% with spasm of the lumbar paraspinals muscles. The treater patient has finished "chiro and would like some more." The 03/18/2014 mentions the patient "continues to have some back pain," and "improved some with chiro."There were no other significant findings noted on this report. The utilization review denied the request on 08/05/2014. [redacted] is the requesting provider, and he provided treatment reports from 11/12/2013 to 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Chiropractic visits: Upheld

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

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

Decision rationale: According to the 07/30/2014 report by [redacted] this patient presents with neck pain and back pain with numbness in the legs. The treater is requesting 8 additional sessions of Chiropractic care. Regarding chiropractic manipulation, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, review of reports show the patient has had chiropractic care recently, unknown number of sessions and time frame. There was no documentation of objective functional improvement. Without this information, one cannot consider additional treatments. While MTUS guidelines allow up to 18 sessions of chiro treatments following initial trial of 3-6, in this case, chiro therapy treatment history is not known. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. As such, the request of eight (8) Chiropractic visits is not medically necessary and appropriate.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) and Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: According to the 07/30/2014 report by [redacted] this patient presents with neck pain and back pain with numbness in the legs. The treater is requesting Flexeril 7.5mg #90, 1 tab per mouth TID (3 times a day). For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP (Low Back Pain). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Flexeril #90 and this medication was first noted in the 03/18/2014 report. Flexeril is not recommended for long term use. Therefore, the request of Flexeril 7.5mg #90 is not medically necessary and appropriate.

Menthoderm gel 120gm #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 07/30/2014 report by [redacted] this patient presents with neck pain and back pain with numbness in the legs. The treater is requesting Methodermgel 120gm, prn (as needed) for numbness x2. Menthoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical Non-Steroid Anti-Inflammatory Drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this patient, there are no diagnoses of peripheral joint arthritis or tendinitis for which topical Non-Steroid Anti-Inflammatory Drugs (NSAIDs) are indicated. MTUS specifically speaks against its use for spinal conditions. As such, the request of Menthoderm gel 120gm #2 is not medically necessary and appropriate.