

Case Number:	CM14-0087307		
Date Assigned:	07/23/2014	Date of Injury:	09/16/2009
Decision Date:	09/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/10/2014

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 Chiropractics 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 claimant is a 49-year-old female who was involved in a work injury on 9/18/2009 in which she injured her shoulders bilaterally. Following a failure of conservative treatment to bring about a resolution of her condition the claimant underwent right shoulder arthroscopy on 5/6/2011. This was followed by course of postoperative therapy. The claimant also sustained and injury to her neck. The treatment has included epidural injections. On 12/12/2013 the claimant underwent an agreed medical evaluation indicating that the claimant was "permanent and stationary from the rheumatological disease." A repeat shoulder MRI was performed on 2/27/2014 indicating mild rotator cuff tendinitis. On 5/8 2014 the claimant was reevaluated by Dr. [REDACTED]. The report indicated that the claimant "continues to understand that for the left shoulder further treatment will be held off until she has evaluation and treatment with regard to her rheumatologic will issues." A request for chiropractic treatment one time per week for 8 weeks and a Flector patch was submitted. This was denied by peer review. The rationale was that "there appears to be a history of chiropractic treatment without overall functional benefit. Based on the aforementioned, the request for 8 chiropractic manipulation sessions is non-certified." The requested Flector patches were also non-certified. The rationale was that "there is no evidence to support the use of Flector patches beyond 2 weeks." The purpose of this review is to determine the medical necessity for the requested 8 chiropractic treatments and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation, 8 Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 8 treatments exceed this guideline. Moreover, there is evidence that this claimant has received chiropractic treatment prior to this request. There is no evidence of functional improvement as a result of the initial course of care. Therefore, the medical necessity for the requested 8 additional chiropractic treatments was not established.

Flector Patch 1.3%, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector Patch.

Decision rationale: The medical necessity for this request was not established based on ODG guidelines. ODG guidelines give the following recommendations regarding Flector patches: "Not recommended as a first-line treatment. See the Diclofenac listing, where topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with Diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) On 12/07/09 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac. Post marketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. (FDA, 2009) The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." The previous denial was based on the fact that this had in use longer than 2 weeks. This rationale was appropriate. The claimant has utilized these patches for longer than 2 weeks with no evidence of lasting functional benefit. Therefore, consistent with ODG guidelines, the medical necessity for the Flector patch was not established.

