

Case Number:	CM15-0017958		
Date Assigned:	02/05/2015	Date of Injury:	03/10/2006
Decision Date:	05/13/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/30/2015

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: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury 3/10/2006. The mechanism of injury was not specifically stated. The current diagnoses include degeneration of lumbar intervertebral disc with myelopathy, lumbar musculoligamentous injury, anxiety and depression. The injured worker presented on 11/25/2014 for a follow up evaluation with complaints of persistent low back pain rated 8/10. The injured worker also reported feelings of anxiety and depression. Upon examination, there was a positive straight leg raise bilaterally. Recommendations included acupuncture to decrease inflammation and increase circulation, chiropractic manual therapy, and an electrodiagnostic study to rule out neural compromise. There was no Request For Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. In this case, it is noted that the injured worker has previously participated in a course of chiropractic manipulation. However, there was no documentation of the previous course of treatment with evidence of objective functional improvement. Therefore, additional treatment would not be supported. The request as it is submitted also failed to indicate the specific body part to be treated. As such, the request is not medically necessary.

Topical medication: gabapentin 10%, dextromethorphan 10% in mediderm base flurbiprofen 20%, baclofen 10%, dextromethorphan 2% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112 and 113. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound Drugs.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. Gabapentin is not recommended for topical use. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Terocin patch #30: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There was no documentation of a failure of first line oral medication prior to the initiation of topical Terocin. In addition, there is no frequency listed in the request. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity has not been established. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.