

<b>Case Number:</b>	CM15-0023643		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 56-year-old male who sustained an industrial injury on December 11, 2012. He has reported cervical spine and left shoulder pain and has been diagnosed with chronic cervical strain with disc herniation, left upper extremity radicular pain, and left shoulder partial rotator cuff tear and rotator cuff tendinitis. Treatment has included physical therapy, injection, chiropractic care, rest, and ice. Currently the injured worker revealed slight decreased range of motion of the cervical spine. There was tenderness to the paraspinals as well as the midline. Hawkin's impingement and Neer's impingement tests were positive. The treatment plan included chiropractic therapy, massage therapy, and medication. On January 26, 2015 Utilization Review non certified chiropractic treatment cervical and left shoulder 2 x 4, massage therapy cervical and left shoulder 1 x 6, and Flurbiprofen/lidocaine cream (20%/5%) 180 gm citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment Cervical and Left Shoulder, 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with neck and shoulder pain. The current request is for CHIROPRACTIC TREATMENT CERVICAL AND LEFT SHOULDER, 2X4. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." This patient has completed 4/6 chiropractic treatments. The treating physician states that the chiropractic treatment he is currently getting is providing him benefit. The 4 treatments thus far has provide some benefit and additional sessions may be indicated. However, the patient has 2 visits remaining and has already participated in 4 visits. The additional 8 treatments would exceed what is recommended by MTUS. The MTUS guidelines allow up to 12 trial visits. This request IS NOT medically necessary.

**Massage Therapy Cervical and Left Shoulder 1 x 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** This patient presents with neck and shoulder pain. The current request is for MASSAGE THERAPY CERVICAL AND LEFT SHOULDER 1X6. The MTUS Chronic Pain Medical Treatment Guidelines, page 60 for Massage therapy states: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment, e.g. exercise, and it should be limited to 4-6 visits in most cases. The Utilization review denied the request stating that massage therapy based on the presence of tenderness, positive impingement and slight decreased range of motion is not apparent. This is an initial request for massage therapy. Given the patient pain and objective findings, a trial of 6-massage therapy is in accordance with MTUS. This request IS medically necessary.

**Flurbiprofen/Lidocaine cream 20%/5% 180gm:** Upheld

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

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

**Decision rationale:** This patient presents with neck and shoulder pain. The current request is for FLURBIPROFEN/LIDOCAINE CREAM 20%/5% 180MG. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any

compounded product that contains at least one (or drug class) that is not recommended is not recommended. For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms but suffers from back and neck pain. Furthermore, lidocaine is only approved in a patch form. This request IS NOT medically necessary.