

Case Number:	CM15-0026076		
Date Assigned:	02/18/2015	Date of Injury:	08/01/2013
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 27 year old male injured worker suffered an industrial injury on 8/1/2013. The diagnoses were lumbar disc protrusion. The treatments were chiropractic therapy. The treating provider reported pain in the lumbar spine to be 2 to 3/10 that was constant and improving with chiropractic therapy. The Utilization Review Determination on 1/21/2015 non-certified: 1. 8 Chiropractic treatments for lumbar spine between 1/19/15 and 4/20/15 modified to 6 sessions, citing MTUS. 2. Flurbiprofen 20%/Lidocaine 5% cream, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatments for lumbar spine between 1/19/15 and 4/20/15: 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 Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion."Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. In addition, the patient has been previously approved for 12 chiropractic sessions but there is no recent documentation of a significant and objective pain and functional improvement of his symptoms. Therefore, the request for 8 Chiropractic treatments for lumbar spine is not medically necessary.

Flurbiprofen 20%/Lidocaine 5% cream: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, Topical Cream- Flurbiprofen/Lidocaine is not medically necessary.