

Case Number:	CM15-0061510		
Date Assigned:	04/07/2015	Date of Injury:	06/09/2008
Decision Date:	05/19/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/01/2015

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: Pennsylvania, Ohio, 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 was a year 33 old male, who sustained an industrial injury, September 2, 2014. The injured was sustained when the injured worker was pulling and pushing pallets. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities, acupuncture, chiropractic services, orthopedic shockwave treatments to the lumbar spine, Naproxen, Tramadol, Robaxin, formal pain evaluation, lumbar spine MRI, FCE (functional capacity Evaluation), laboratory studies, Gabadone, Sentra, Theramine, and analgesic creams. The injured worker was diagnosed with HPN (herniated nucleus pulposus) of the lumbar spine and left leg radiculopathy. According to progress note of February 28, 2015, the injured workers chief complaint was lumbar back pain. The injure worker rated the pain at 5 out of 10 with pain medications and creams; 0 being no pain and 10 being the worse pain. The physical exam noted decreased range of motion of the lumbar spine. There were spasms to the lumbar spine with palpation. The treatment plan included prescription renewals Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5%, Flurbiprofen/Capsaicin/Camphor 10/0.0.25 %/2%/1% and Chiropractic 2xwk x 4wks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% (120gm): Upheld

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

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally this guideline specifically does not recommend ketoprofen or cyclobenzaprine for topical use. This request is not medically necessary.

Fluribprofen/Capsaicin/Camphor 10/0.0.25 %/2%/1% (120gm): Upheld

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

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally Capsaicin is recommended for topical use only in cases refractory to other treatment options. This request is not medically necessary.

Chiropractic 2xwk x 4wks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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

Decision rationale: MTUS recommends manual therapy and manipulation as a treatment option for chronic pain. However elective/maintenance care is not medically necessary per this guideline. The current requested treatment is maintenance in nature given the nature and duration of past treatment. This patient would be anticipated to have previously transitioned to an independent active home rehabilitation program; the records and treatment guidelines do not support supervised or passive manual therapy/manipulation in the current time frame. This request is not medically necessary.