MAXIMUS Federal Services

Case Number:	CM15-0065168		
Date Assigned:	04/13/2015	Date of Injury:	11/26/2012
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic low back, hip, wrist, neck, and mid back pain with derivative complaints of sleep disturbance, anxiety, depression, and sexual dysfunction reportedly associated with an industrial injury of November 26, 2012. In a Utilization Review report dated March 11, 2015, the claims administrator partially approved a request for 12 sessions of chiropractic manipulative therapy as six sessions of the same. Two topical compounded medications were denied outright. The claims administrator referenced a RFA form received on March 6, 2015 in its determination. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant was asked to pursue chiropractic manipulative therapy for the neck, mid back, low back, and wrist. Consultations with an urologist and psychiatrist were endorsed, along with the topical compounded medications in question. It was suggested that the applicant had had previous physical therapy, manipulative therapy, and epidural steroid injection therapy. The attending provider stated in one section of the note that the applicant had completed 22 sessions of physical therapy and manipulative therapy. The applicant was placed off of work, on total temporary disability, it was acknowledged at the bottom of the report. On November 7, 2014, epidural steroid injection therapy was sought. It was acknowledged that the applicant had had physical therapy and acupuncture in fairly extensive amounts over the course of the claim. In a progress note, dated August 6, 2014, localized intense neurostimulation therapy, physical therapy, Flexeril, Motrin, and topical compounded medications were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: No, the request for 12 sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was off of work, on total temporary disability, as of the date of the request. It did not appear that previous chiropractic manipulative therapy had, in fact, proven successful. Therefore, the request was not medically necessary.

Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% quantity 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Topical Analgesics, Lidocaine, Topical Non Steroidal Anti Inflammatory Drugs; Amitriptyline.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Similarly, the request for flurbiprofen-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the low back (lumbar spine). Ancillary pain generators included the neck, upper back, and mid back. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines states that there is "little evidence to support utilization of topical NSAIDs such as the flurbiprofen-containing compound at issue for treatment of the spine, hip, and/or shoulder." Here, the attending provider failed to furnish a compelling applicant-specific rationale for selection of the flurbiprofen-containing compound in the treatment of neck, mid back, and upper back pain, i.e., in the treatment of relatively widespread regions which were not easily amenable to topical application. Therefore, the request was not medically necessary.

Gabacylcotram 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, topical; Cyclobenzaprine; Tramadol topical.

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

Decision rationale: Finally, the request for a Gabacyclotram topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.