

Case Number:	CM15-0068404		
Date Assigned:	04/16/2015	Date of Injury:	06/06/2006
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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 female, who sustained an industrial injury on 6/6/06. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar sprain/strain; lumbar degenerative disc disease. Treatment to date has included physical therapy; aquatic therapy; chiropractic care; medications. Currently, PR-2 notes dated 3/24/15 indicated the injured worker complains of lumbar pain is worse with pain levels 6-7/10 and varies and constant. It is noted as positive for spasms and tightness and pain increases with movement without radiculopathy. Injured worker found chiropractic treatment to be helpful in reducing pain and increased mobility allowing with increasing ability to perform activities of daily living. The pain worsened when chiropractic therapy ended. The provider has requested Chiropractic Physical Therapy 2 Times A Week for 3 Weeks, in Treatment of The Lumbar Spine, Topical Flurbiprofen/Capsaicin/Camphor/Menthol Cream Apply BID and Topical CycloUltram, Apply BID all denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physical Therapy 2 Times A Week for 3 Weeks, in Treatment of The Lumbar Spine: Overturned

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

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

Decision rationale: The patient presents with constant low back pain, rated 6-7/10. The request is for Chiropractic Physical Therapy 2 times a week for 3 weeks, in Treatment of the Lumbar Spine. The provided RFA Is dated 03/26/15 and the patient's date of injury is 06/06/06. The diagnoses include lumbar sprain/strain; lumbar degenerative disc disease. Per 09/30/14 report, physical examination of the lumbar spine revealed tenderness to palpation with muscle spasm in the quadratus lumborum and gluteus muscles. There is decreased range of motion, especially on extension, 11 degrees. Treatment to date has included physical therapy; aquatic therapy; chiropractic care; medications. Medications have included topical creams, Flexeril, Naproxen and Soma, per provided reports. The patient is retired. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions... Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. 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)." The utilization review letter dated 04/03/15 states the patient had 12 chiropractic sessions previously. Per 03/24/15 report, treater states, "Patient found chiro very helpful in reducing pain and increasing mobility, allowing for increased ADL's. The pain and stiffness worsened when chiro ended. Due to her success, I recommend more chiro." Per progress report there is documentation of specific ADL's including carrying light to medium objects, pull light objects, socialize with little engagement in recreational activities and treater reports patient's pain decreased from a 6/10 to a 3/10. MTUS recommends a total up to 18 visits with functional improvement. An additional 6 chiropractic sessions appears within guidelines and therefore, is medically necessary.

Topical Flurbiprofen/Capsaicin/Camphor/Menthol Cream Apply BID: 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, 112.

Decision rationale: The patient presents with constant low back pain, rated 6-7/10. The request is for Topical Flurbiprofen/Capsaicin/Camphor/Menthol Cream apply bid. The provided RFA Is dated 03/26/15 and the patient's date of injury is 06/06/06. The diagnoses include lumbar

sprain/strain; lumbar degenerative disc disease. Per 09/30/14 report, physical examination of the lumbar spine revealed tenderness to palpation with muscle spasm in the quadratus lumborum and gluteus muscles. There is decreased range of motion, especially on extension, 11 degrees. Treatment to date has included physical therapy; aquatic therapy; chiropractic care; medications. Medications have included topical creams, Flexeril, Naproxen and Soma, per provided reports. The patient is retired. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. A prescription for Flurbiprofen/Capsaicin/Camphor/Menthol Cream is first mention in the 03/24/15 progress report. There is no diagnosis of peripheral joint arthritis and tendinitis for which topical NASIDs are indicated. Furthermore, treater does not discuss how the topical cream is being used and with what efficacy. Therefore, the request is not medically necessary.

Topical CycloUltram, Apply BID: 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, 112.

Decision rationale: The patient presents with constant low back pain, rated 6-7/10. The request is for Topical Cyclo Ultram apply bid. The provided RFA Is dated 03/26/15 and the patient's date of injury is 06/06/06. The diagnoses include lumbar sprain/strain; lumbar degenerative disc disease. Per 09/30/14 report, physical examination of the lumbar spine revealed tenderness to palpation with muscle spasm in the quadratus lumborum and gluteus muscles. There is decreased range of motion, especially on extension, 11 degrees. Treatment to date has included physical therapy; aquatic therapy; chiropractic care; medications. Medications have included topical creams, Flexeril, Naproxen and Soma, per provided reports. The patient is retired. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. A prescription for Cyclo Ultram Cream is first mention in the 03/24/15 progress report. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains requested compounded cream contains Cyclobenzaprine, and Tramadol; neither of which are supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.