MAXIMUS Federal Services

Case Number:	CM15-0078676		
Date Assigned:	04/29/2015	Date of Injury:	08/15/2013
Decision Date:	05/29/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/24/2015

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, Illinois
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:

This 39 year old female sustained an industrial injury to the neck, back and shoulder on 8/15/13. Previous treatments include chiropractic therapy, acupuncture, transcutaneous electrical nerve stimulator unit, home exercise and medications. In a PR-2 dated 2/20/14, the injured worker complained of ongoing neck, upper back and right shoulder pain, rated 2-5/10 on the visual analog scale. The injured worker reported that she had been working out and doing yoga, but could only work out every three to four days due to exacerbation of symptoms. Current diagnoses included cervical spine radiculitis, cervical spine sprain/strain and right shoulder sprain/strain. The treatment plan included continuing medications (Naproxen Sodium, Lidoderm patch, Menthoderm gel and Willowbark supplement), continuing soaks in hot springs, home exercise, yoga and transcutaneous electrical nerve stimulator unit and additional chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: The injured worker sustained a work related injury on 8/15/13. The medical records provided indicate the diagnosis of cervical spine radiculitis, cervical spine sprain/strain and right shoulder sprain/strain. Treatments have included chiropractic therapy, acupuncture, transcutaneous electrical nerve stimulator unit, home exercise and medications. The medical records provided for review do not indicate a medical necessity for Lidopro patch #15 .Lidopro is a topical analgesic containing Capsaicin 0.0325%; Lidocaine 4.5%; Menthol and Methyl Salicylate 27.5%. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, this agent is not medically necessary due to the presence of Menthol, and the Lidocaine 4.5% formulation.

Chiropractic therapy 1 x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical Medicine Page(s): 58; 98-99.

Decision rationale: The injured worker sustained a work related injury on 8/15/13. The medical records provided indicate the diagnosis of cervical spine radiculitis, cervical spine sprain/strain and right shoulder sprain/strain. Treatments have included chiropractic therapy, acupuncture, transcutaneous electrical nerve stimulator unit, home exercise and medications. The medical records provided for review do not indicate a medical necessity for Chiropractic therapy 1 x week for 6 weeks. Although the records indicate the injured worker had chiropractic care the past, there was no documentation of whether it was passive or active chiropractic care, neither was there a documentation of treatment outcome. Passive Chiropractic care follows the manual therapy guidelines of a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks; while active chiropractic care follows the physical Medicine Guidelines of fading of treatment frequency (from up to 3 visits per week to 1 or less), for a total of 10 visits, plus active self-directed home Physical Medicine. Therefore, this request is not medically necessary.