

Case Number:	CM15-0091340		
Date Assigned:	05/15/2015	Date of Injury:	05/14/2014
Decision Date:	06/16/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male, who sustained an industrial injury on November 8, 1993, incurring neck, back and leg injuries while working as a police officer. He was diagnosed with lumbar degenerative disc disease and cervical degenerative disc disease. Magnetic Resonance Imaging revealed disc protrusions of the cervical and lumbar spines. Treatment included physical therapy, home exercise program, acupuncture, chiropractic sessions, heat and ice and pain management. Currently, the injured worker complained of low back pain radiating down the right leg, into his hips, causing severe muscle spasms. He complained of constant cervical pain radiating to the shoulders. The treatment plan that was requested for authorization included a prescription for Flurbiprofen/Cyclobenzaprine Cream, chiropractic sessions to the lumbar spine and chiropractic sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine Cream: 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 (1) Medications for chronic pain, p. 60 (2) Topical Analgesics, p. 111-113 Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1993 and continues to be treated for radiating back pain. When seen, physical examination findings included paraspinal muscle tenderness with spasm. Prior treatments had included therapy, chiropractic care, and medications. Medications were refilled. He was referred for chiropractic treatments for the cervical and lumbar spine. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

Chiropractic treatment to the lumbar spine 2 times a week for 3 weeks (6 sessions):
Overturned

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: The claimant has a remote history of a work injury occurring in November 1993 and continues to be treated for radiating back pain. When seen, physical examination findings included paraspinal muscle tenderness with spasm. Prior treatments had included therapy, chiropractic care, and medications. Medications were refilled. He was referred for chiropractic treatments for the cervical and lumbar spine. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is consistent with the guideline recommendation. Concurrent care for the neck and low back would be expected. Therefore, the request can be considered medically necessary.

Chiropractic treatment to the cervical spine 2 times a week for 3 weeks (6 sessions):
Overturned

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: The claimant has a remote history of a work injury occurring in November 1993 and continues to be treated for radiating back pain. When seen, physical examination findings included paraspinal muscle tenderness with spasm. Prior treatments had included therapy, chiropractic care, and medications. Medications were refilled. He was referred for chiropractic treatments for the cervical and lumbar spine. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is consistent with the guideline recommendation. Concurrent care for the neck and low back would be expected. Therefore, the request can be considered medically necessary.