

Case Number:	CM15-0099567		
Date Assigned:	06/02/2015	Date of Injury:	11/07/2014
Decision Date:	07/08/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/22/2015

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, 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 52 year old female, who sustained an industrial injury on 11/7/14. The injured worker has complaints of intermittent headaches; intermittent neck pain with pain radiating into the bilateral upper extremity and complaints of continuous right and left shoulder pain, right and left elbow/arm pain, right wrist/hand/thumb pain and upper back pain. The documentation noted on examination that the cervical spine had tenderness over the cervical paraspinals, subcippital, upper trapezius and sternocleidomastoid bilaterally; tender spinous process at C4, C5 and C6; tenderness over the bilateral thoracic paraspinals; tenderness is noted over the upper trapezius, rhomboids and rotator cuff bilaterally; spasm over the bilateral lateral dorsi; tenderness in the lateral area bilaterally and tenderness over the thenar and carpal bones bilaterally. The diagnoses have included sprain shoulder/arm not otherwise specified and sprain elbow/forearm not otherwise specified. Treatment to date has included physical therapy; home exercise program; naproxen; omeprazole and cyclobenzaprine. The request was for topical cream, gabapentin 15%/amitriptyline 4%/ dextromethorphan 10% quantity 180; topical cream-cyclobenzaprine 2%/flurbiprofen 25% quantity 180; national institute for occupational safety and health testing and chiropractic treatment for the bilateral elbows, twelve session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream -Gabapentin 15%/Amitriptyline 4%/ Dextromethorphan 10% quantity 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127.

Decision rationale: Regarding the request for Topical Cream Gabapentin 15%/Amitriptyline 4%/ Dextromethorphan 10% quantity 180, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Guidelines do not support the use of topical dextromethorphan. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested Topical Cream Gabapentin 15%/Amitriptyline 4%/ Dextromethorphan 10% quantity 180 is not medically necessary.

Topical Cream-Cyclobenzaprine 2%/Flurbiprofen 25% quantity 180: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127.

Decision rationale: Regarding the request for Topical Cream Cyclobenzaprine 2%/ Flurbiprofen 25% quantity 180, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Topical Cream-Cyclobenzaprine 2%/Flurbiprofen 25% quantity 180 is not medically necessary.

National Institute for Occupational Safety and Health testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for National Institute for Occupational Safety and Health testing, it is unclear what is meant by NIOSH testing. A search of the Internet indicated that there are numerous different things which could be described as NIOSH testing. This could be in reference to a functional capacity evaluation. Occupational Medicine Practice Guidelines state

that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested National Institute for Occupational Safety and Health testing is not medically necessary.

Chiropractic treatment for the bilateral elbows, twelve sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 58-60 of 127.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 12 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. If the patient has undergone previous chiropractic care, there is no documentation of objective functional improvements to support additional treatment. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.