

Case Number:	CM13-0007536		
Date Assigned:	09/12/2013	Date of Injury:	04/15/2013
Decision Date:	02/11/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male who reported injury on 04/15/2013. The mechanism of injury was stated to be while pushing a 400 pound crate forward, the crate caught on something and the patient pushed his upper torso backwards and twisted his back. The patient was noted to have pain in the neck, back, hips, knees and feet. The patient was noted to have painful restricted range of motion, tenderness, and antalgic gait and decreased sensation. The patient's diagnosis was noted to be right-sided L4-5 and L5-S1 disc herniation. The request was made for topical creams, App trim #120, pool therapy, and other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 8 pool therapy sessions: Upheld

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 Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10

visits. The clinical documentation submitted for review indicated the patient had a painful lumbar region and restricted range of motion. The patient was noted to have right paralumbar tenderness. The patient was noted to have midline interspinous ligament tenderness in the lower lumbar spine. The patient was noted to have pain on stress of the sacroiliac joints. However, clinical documentation submitted for review failed to indicate the necessity for aquatic therapy as there was a lack of documentation indicating the patient had a necessity for reduced weightbearing. Given the above, the request for pool therapy sessions 8 is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Antispasmodics Page(s): 41, 64.

Decision rationale: The MTUS Chronic Pain Guidelines state that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. The MTUS Guidelines indicate that this medication is not recommended to be used for longer than 2-3 weeks, and the addition of Cyclobenzaprine to other agents is not recommended. The patient was being prescribed Cyclobenzaprine for muscle spasms per the physician documentation. However, as the medication is not recommended to be used for longer than 2 to 3 weeks, the request for 60 tablets is not supported. Additionally, the patient was noted to be taking both the oral and topical form that was prescribed. There is a lack of documentation indicating the necessity for 2 forms of the same medication. Given the above, and the lack of documentation of exceptional factors to support 2 forms of the medication, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.

Fluri flex 240gm cream: Upheld

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 Flurbiprofen, Topical Analgesics, Cyclobenzaprine Page(s): 72, 111, 41.

Decision rationale: Flurbiprofen is classified as a non-steroidal anti-inflammatory drug (NSAID.) The MTUS Chronic Pain Guidelines indicate that topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety...Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period...This agent is not currently FDA approved for a topical application." The MTUS Chronic Pain Guidelines do not recommend the topical use of Cyclobenzaprine as a muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. Flurbiprofen is not FDA approved for topical applications, and given the lack of documentation

of exceptional factors to warrant nonadherence to guideline recommendations, the request for Fluri flex 240 gram cream is not medically necessary and appropriate.

App trim #120 two bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wing, Rena R & Phelan, Suzanne. Long-term weight loss maintenance. Am J Clin Nutr 2005 82: 222S-225.
<http://ajcn.nutrition.org/content/82/1/222S.full>

Decision rationale: Per Wing, Rena R & Phelan, Suzanne, "Findings from the registry suggest six key strategies for long-term success at weight loss: 1) engaging in high levels of physical activity; 2) eating a diet that is low in calories and fat; 3) eating breakfast; 4) self-monitoring weight on a regular basis; 5) maintaining a consistent eating pattern; and 6) catching "slips" before they turn into larger regains. Initiating weight loss after a medical event may also help facilitate long-term weight control." Clinical documentation submitted for review failed to indicate the patient had tried non-pharmacologic measures to lose weight prior to the prescribing of App trim #120. Given the lack of documentation, the request for App trim 120 two bottles is not medically necessary and appropriate.

TGHot 240gm cream: Upheld

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 Tramadol, on Topical Salicylates, Topical Analgesics Page(s): 82, 105, 111-113.

Decision rationale: The ingredients of TGHot are noted to be Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05%. The MTUS Chronic Pain Guidelines state, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Topical Salicylates are recommended... A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy...Gabapentin: Not recommended. There is no peer-reviewed literature to support use... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. California MTUS guidelines recommend Topical Salicylates." The MTUS Chronic Pain Guidelines do not recommended several of the ingredients. There is a lack of documentation indicating the necessity for nonadherence to guideline recommendations as Gabapentin is not recommended, Capsaicin is

not recommended in the formulation above 0.25%, and there was a lack of indication per the FDA that Tramadol is for a topical use. Given the above, the request for TGHOT 240 grams is not medically necessary and appropriate.

Tramadol ER 150mg #60: Upheld

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 Opioids, Topical Analgesics Page(s): 78, 82, 93-94, 113.

Decision rationale: The clinical documentation submitted for review indicated that Tramadol ER was being prescribed for pain relief. However, there is a lack of documentation indicating the patient has trialed a first line treatment. Given the above and the lack of documentation indicating the necessity for 2 medications that are the same at different formulations, Tramadol ER 150 mg #60 is not medically necessary and appropriate.