

<b>Case Number:</b>	CM13-0011658		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	08/22/2001
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Occupational Medicine, 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 70 year old female who was injured on 08/22/2001. Mechanism of injury is unknown. Prior treatment history has included exercise in the form of walking around her block several times per day. She also underwent L4-L5 fusion on 07/24/2012. PR-2 dated 07/10/2013 documented the patient was doing well with very minimal complaint. She states that her back pain has largely resolved and that she has been performing increasingly high levels of activities. She complains of no pain down her legs today. She states she has occasional muscle spasms but has weaned herself off all medications with the exception of topical ointment. She does state that she has limited range of motion secondary to stiffness and has been going to the pool and this has been helping with mobilization. Objective findings on examination reveal she has full power in her bilateral lower extremities. Sensation is grossly intact. She ambulates under her own power. PLAN: We are requesting aqua therapy, 18 sessions 2 x a week for nine weeks, to help her with range of motion. She has responded to pool therapy which she has been doing on her own. I would like her to be authorized for Gabapentin, ketoprofen and lidocaine topical cream. PR-2 dated 01/16/2013 documented the patient was to be enrolled in physical therapy. PR-2 dated 04/10/2013 documented the patient to be able to complete her usual activities of daily living without difficulty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATHERAPY; EIGHTEEN (18) SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Aquatic Therapy Page(s): 22.

**Decision rationale:** According to the guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. According to the PR-2 dated 07/10/2013, the employee was doing well with very minimal complaint. The employee stated the back pain has largely resolved and that the employee had been performing increasingly high levels of activities. Physical examination documents normal motor strength of the lower extremities and that the employee ambulates under his/her own power. The employee does not require reduced weight-bearing. The medical records establish that the employee has progressed well since lumbar surgery. The employee does not present with any exacerbation or re-injury. Medical necessity has not been established. Aqua therapy is non-certified

**ROUTINE, RANDOM URINE TOXICOLOGY SCREENS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, screening for risk of addiction (tests), Page(s):.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, indicators for addiction Page(s): 87-91.

**Decision rationale:** According to the guidelines, urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. The medical records do not document that the employee's current medication regimen includes opioids. In fact, the employee states that he/she has weaned him/herself off all medications with the exception of topical ointment. In addition, the treating physician has not documented any aberrant or suspicious drug seeking behavior. Based on this, and absence of support within the evidence based guidelines, it does not appear that random urine toxicology screens are necessary. The medical necessity of the requested urine toxicology screens is not established. Urine toxicology screen is non-certified

**GABAPENTIN, KETOPROFEN, AND LIDOCAINE TOPICAL CREAM 240MG; ONE TUBE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics.

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

**Decision rationale:** According to the MTUS guidelines, Gabapentin is not recommended in topical formulations. There is no support to use gabapentin in a topical form. Ketoprofen is not FDA-approved for a topical application. It has an extremely high incidence of photo contact dermatitis. The MTUS guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested topical gel is non-certified.