

<b>Case Number:</b>	CM13-0015203		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	06/28/2008
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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. The expert 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, leg, and shoulder pain reportedly associated with an industrial injury on July 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of July 30, 2013, the claims administrator denied a request for eight sessions of physical therapy and denied a request for a topical compounded drug. The applicant's attorney subsequently appealed. A handwritten progress note of February 4, 2013 was difficult to follow, not entirely legible, and was notable for comments that the applicant was using the topical compounded drug in question along with Xanax and tramadol. The applicant was placed off of work, on total temporary disability, on that occasion. The topical compound in question was renewed on multiple occasions throughout 2013. In a clinical progress note of June 24, 2013, the applicant was described as reporting persistent shoulder, foot, and neck pain. The topical compounded lotion was endorsed, along with a cervical pillow. The applicant was again placed off of work, on total temporary disability. Additional physical therapy was seemingly sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT FOOT:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** The applicant has had unspecified amounts of physical therapy over the life of the claim. However, as noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant has seemingly failed to profit from earlier physical therapy treatment. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on various oral medications, including Xanax and tramadol, as well as topical compounds. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy. Therefore, the request for additional physical therapy is not certified.

**PRESCRIPTION OF GABAKETOLIDO 2-3 TIMES A DAY:** Upheld

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

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

**Decision rationale:** In this case, two of the ingredients in the compound, specifically ketoprofen and gabapentin, are "not recommended" for topical compound formulation purposes, per pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not certified, on Independent Medical Review.