

<b>Case Number:</b>	CM13-0021299		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 47-year-old female who reported an injury on 07/01/2008; the mechanism of injury was not provided. On 06/10/2014, the injured worker presented with constant midback pain and low back pain with radiation to the bilateral lower extremities all the way down the left leg and ankle with associated numbness and tingling. Medications included Norco, Ibuprofen, Omeprazole and topical creams. On examination of the thoracic and lumbar spines, the range of motion was limited by 50%; motor strength testing revealed mild weakness in the bilateral extensor hallucis longus and gastrocnemius motor groups at 4/5. Sensory examination revealed mild deficits over the bilateral extremities. The diagnoses were status post anterior and posterior decompression and fusion at the L4-5 and L5-S1 levels on 03/14/2013, right foot musculoligamentous sprain/strain, and thoracic spine sprain/strain with muscle spasms, GI/gastroesophageal reflux disease and constipation secondary to industrial medication use and postoperative lower abdominal scarring and pain. The provider recommended a gym membership, aquatic therapy for the lumbar spine, Prilosec, topical creams and Norco. The provider's rationale was not provided. The Request for Authorization form was dated 06/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Membership.

**Decision rationale:** The request for a gym membership is non-certified. The Official Disability Guidelines recommend exercise as part of a dynamic rehabilitation program, but note that a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective, and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. There is no documentation of failed home exercise or the injured workers need for specific equipment that would support the medical necessity for having a gym membership. Therefore, the request is non-certified.

**AQUATIC THERAPY FOR L/S QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

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

**Decision rationale:** The request for aquatic therapy for the lumbar spine with a quantity of 12 is non-certified. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy and 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, in extreme obesity. The guidelines recommend 10 visits of aquatic therapy over 4 weeks. The included medical documentation does not indicate that the injured worker is specifically recommended for reduced weight bearing exercise. Additionally, the provider's request for 12 aquatic therapy sessions exceeds the recommendations of the guidelines. The provider's request does not indicate the frequency of the requested therapy. As such, the request is non-certified.

**PRILOSEC 20MG QTY: 30.00:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PRILOSEC Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20 mg with a quantity of 30 is non-certified. The California MTUS recommends proton pump inhibitors for injured workers at risk of gastrointestinal events. The included medical documentation does not indicate that the injured worker is at risk for gastrointestinal events nor had a history of peptic ulcer, GI bleed or perforation. There were no gastrointestinal symptoms documented. It did not appear that the injured worker was at risk for gastrointestinal events. Additionally, the provider's request does

not indicate the frequency of the provided medications or a rationale. As such, the request is non-certified.

**FLURBIPROFEN 20% GEL 120GM QTY: 1.00: 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 Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Flurbiprofen 20% gel 120 gm with a quantity of 1 is non-certified. The California MTUS Guidelines state that transdermal compounds are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that muscle relaxants are not recommended for topical applications. The guidelines note that Gabapentin is not recommended for topical applications. Topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that amenable to topical treatment and they are recommended for short-term use for 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder. As the guidelines do not recommend the use of muscle relaxants or Gabapentin for topical applications, the medication would not be indicated. Additionally, the provider's request does not indicate the site for which the cream was intended or the frequency of the medication. As such, the request is non-certified.

**KETOPROFEN 20% GEL 120GM QTY: 1.00: 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 Topical analgesics Page(s): 111.

**Decision rationale:** The request for request is for Ketoprofen 20% gel 120 gm with a quantity of 1 is non-certified. The California MTUS Guidelines state that transdermal compounds are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that muscle relaxants are not recommended for topical applications. The guidelines note that Gabapentin is not recommended for topical applications. Topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that amenable to topical treatment and they are recommended for short-term use for 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip or

shoulder. As the guidelines do not recommend the use of muscle relaxants or Gabapentin for topical applications, the medication would not be indicated. Additionally, the provider's request does not indicate the site for which the cream was intended or the frequency of the medication. As such, the request is non-certified.

**GAPARENTIN 10%/CYCLOBENZAPRINE 10%CAPSAICIN QTY: 1.00:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin with a quantity of 1 is non-certified. The California MTUS Guidelines state that transdermal compounds are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that muscle relaxants are not recommended for topical applications. The guidelines note that Gabapentin is not recommended for topical applications. Topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that amenable to topical treatment and they are recommended for short-term use for 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder. As the guidelines do not recommend the use of muscle relaxants or Gabapentin for topical applications, the medication would not be indicated. Additionally, the provider's request does not indicate the site for which the cream was intended or the frequency of the medication. As such, the request is non-certified.

**NORCO 10/325MG QTY: 15.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING REVIEW AND DOCUMENTATION OF PAIN RELIEF, FUNCTIONAL STATUS, APPROPRIATE MEDICATION USE, AND SIDE EFFECTS Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg with a quantity of 15 is non-certified. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The guidelines recommend that ongoing review and documentation of pain relief, functional status, and appropriate medication use and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, Norco is a continuing medication for the injured worker, and the efficacy of the

medication was not provided. The provider's request does not indicate the frequency of the medication being requested. As such, the request is non-certified.