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| <b>Case Number:</b>   | CM13-0031122 |                              |            |
| <b>Date Assigned:</b> | 03/17/2014   | <b>Date of Injury:</b>       | 06/01/2011 |
| <b>Decision Date:</b> | 05/07/2014   | <b>UR Denial Date:</b>       | 09/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2013 |

### 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. 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 50-year-old male who reported an injury on 05/25/2011. The mechanism of injury was a pushing injury. The injured worker underwent a revision decompression tendon release and tendon repair on 03/04/2013. The injured worker was treated postoperatively with physical therapy. The documentation of 08/28/2013 revealed the injured worker had grade 4 weakness of the right elbow and decreased flexion and extension. The diagnoses included right elbow internal derangement. The request was made for chiropractic care, acupuncture, Functional Capacity Examination, and a refill of Flurbiprofen, Tramadol cream, and Capsaicin/Flurbiprofen cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC CARE FOR THE RIGHT ELBOW (6 SESSIONS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Manipulation.

**Decision rationale:** California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. California MTUS guidelines do not specifically address manipulation for the elbow. As such secondary guidelines were sought. Official Disability Guidelines recommend 3 visits that are contingent upon objective improvement. The clinical documentation submitted for review failed to indicate exceptional factors to warrant nonadherent to guideline recommendations. Given the above, the request for chiropractic care for the right elbow, 6 sessions, is not medically necessary.

**ACUPUNCTURE FOR THE RIGHT ELBOW (6 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review failed to indicate the injured worker's pain medication was reduced or not tolerated. Additionally as it is recommended as an adjunct to physical rehabilitation, there was a lack of documentation indicating the acupuncture would be utilized as an adjunct therapy. Given the above, the request for acupuncture for the right elbow, 6 sessions, is not medically necessary or appropriate.

**FUNCTIONAL CAPACITY EXAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, FCE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 5, 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, FCE.

**Decision rationale:** ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review failed to indicate the injured worker was close to maximum

medical improvement as the injured worker was continuing to receive treatment. Additionally, there was a lack of documentation indicating the injured worker had an unsuccessful attempt to return to work. Given the above, the request for a Functional Capacity Exam is not medically necessary or appropriate.

**FLURBIPROFEN 20% TRAMADOL 20% TOPICAL: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FLURBIPROFEN; TOPICAL ANALGESICS; TRAMADOL Page(s): 72,111, 82. Decision based on Non-MTUS Citation FDA.GOV.

**Decision rationale:** The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA (Food & Drug Administration) approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... 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. The clinical documentation submitted for review indicated this was a refill for the medication. However, the duration of use was not provided. There was lack of documentation indicating the necessity for 2 creams with flurbiprofen. There was lack of documentation of the efficacy of the requested medication. The request, as submitted, failed to indicate the frequency as well as the quantity being requested. Given the above, the request for flurbiprofen 20%/tramadol 20% topical is not medically necessary.

**CAPSAICIN 0.025% FLURBIPROFEN 30% METHYL SALICYLATE 4%: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical Analgesics, Cyclobenzaprine and Topical Salicylates. Page(s): 72, 111, 41,.

**Decision rationale:** The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines recommend topical salicylates. 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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral

tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review indicated this medication was for a refill. There was lack of documentation of exceptional factors to warrant nonadherent to guideline recommendations. Given the above, the request for capsaicin 0.025%, flurbiprofen 30%, and methyl salicylate 4% is not medically necessary.

of the efficacy of the requested medication. The request, as submitted, failed to indicate the quantity of medication being requested as well as the frequency. There was lack of documentation indicating the necessity for 2 topicals with flurbiprofen. There was lack of documentation of exceptional factors to warrant nonadherent to guideline recommendations. Given the above, the request for capsaicin 0.025%, flurbiprofen 30%, and methyl salicylate 4% is not medically necessary