MAXIMUS Federal Services

| Case Number: | CM13-0040879 | | |
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| Date Assigned: | 06/09/2014 | Date of Injury: | 09/07/2012 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

## 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, has a subspecialty in Pain 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 injured worker is a 62-year-old female who reported an injury on 09/07/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical spine herniated nucleus pulposus, thoracic spine musculoligamentous sprain/strain, right shoulder musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, insomnia, and status post anterior discectomy and fusion at C5-6. Past medical treatment consists of surgery, chiropractic therapy, physical therapy, aquatic therapy, and medication therapy. The medications consist of Ultracet, flurbiprofen gel, ketoprofen/ketamine gel, and gabapentin/cyclobenzaprine gel. On 03/10/2014, the injured worker underwent an MRI of the cervical spine. Findings revealed that there was disc desiccation at C5-6, no disc desiccation at C6-7 and C7-T1. There was mild disc desiccation at C2-3 and C3-4. It was noted that there was a 3 mm central posterior disc protrusion with bilateral paracentral extension indenting the thecal sac and impinging on the anterior spinal cord at C4-5. On 06/02/2014, the injured worker complained of neck pain. It was noted on physical examination that the injured worker rated the pain at a 5/10. The examination of the cervical spine revealed a clean, dry, and intact incision. Motor strength testing of the upper extremity was grossly intact. There was no erythema or drainage. The medical treatment plan was for the injured worker to continue with physical therapy of the cervical spine, lumbar spine, and right shoulder. The injured worker was also advised to continue medication therapy. The rationale and Request for Authorization form were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Physical Therapy visits for the Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back(Acute & Chronic), Physical Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation lacked any indication of the injured worker's prior course of therapy, as well as efficacy of the prior therapy. The Guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed was not submitted for review. Additionally, the request as submitted is requesting 18 physical therapy sessions, exceeding the recommended guidelines. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**18 Physical Therapy visits for Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Physical Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation lacked any indication of the injured worker's prior course of therapy, as well as efficacy of the prior therapy. The Guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed to date is unclear. Additionally, the request as submitted is for 18 additional physical therapy sessions, exceeding recommendations. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**18 Physical Therapy visits for the Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back(Acute & Chronic), Physical Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation lacked any indication of the injured worker's prior course of therapy, as well as efficacy of the prior therapy. The Guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed to date is unclear. Additionally, the request as submitted is for an additional 18 physical therapy sessions, exceeding the recommended guidelines. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**60 Ultracet 37.5/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol(Ultram, UltramER, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultracet, Ongoing management Page(s): 82, 93, 94, 113, 78.

**Decision rationale:** California MTUS states central analgesic drugs such as Ultram (Ultracet) are reported to be effective in managing neuropathic pain and they are not recommended as a first line oral analgesic. The California MTUS recommend that there should be documentation of the 4 A's of ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. An assessment submitted should include pain levels before, during, and after medication administration. The submitted documentation did not indicate the efficacy of the medication, nor was it clear if the medication was helping with any functional deficits. Additionally, there was no assessment indicating what pain levels were before, during, and after medication administration. The submitted documentation had noted that a urinary drug screen was obtained on 03/14/2014 showing that the injured worker was compliant with medications. However, the drug screens were not submitted for review. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**120 gm Flurbiprofen 20% Gel:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Given the above, the proposed medication is not recommended by the Medical Treatment Utilization Schedule Guidelines. Furthermore, in a submitted report, there was no documentation as to where the cream would be applied and the amount applied. There was a lack of evidence of range of motion, strength, and/or effectiveness of the current medications the injured worker was taking. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**120 gm Ketoprofen 20%/Ketamine 10% Gel:** 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, Ketoprofen, Ketamine Page(s): 111, 112, 113.

**Decision rationale:** California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Regarding the use of ketoprofen: This agent is not currently FDA approved for a topical application. The compound also included topical ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The guidelines do not recommend ketoprofen and as such the use of the compound would not be supported. Given the above, the proposed medication is not recommended by the Medical Treatment Utilization Schedule Guidelines. Furthermore, the submitted documentation did not indicate where the cream would be applied or the amount applied. There was a lack of evidence of range of motion, strength, and/or effectiveness of the current medications that the injured worker was taking. Additionally, the request as submitted

did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**120 gm Gabapentin 10%/ Cyclobenzaprine 10%/ Capsaicin 0.0375%:** 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:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In the submitted report, there was no documentation as to where the cream would be applied or the amount. The report also lacked quantified evidence of the effectiveness of the current medications that the injured worker was taking. Furthermore, the request is for a compound that per the California MTUS Guidelines is not recommended. The request is for gabapentin, cyclobenzaprine, and capsaicin, which are not supported for topical application. Additionally, the submitted documentation lacked any indication of objective physical findings to include range of motion, motor strength, and/or sensory deficits. The request also did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.