

<b>Case Number:</b>	CM13-0047816		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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:

This is a 52 year-old female with a 3/1/13 industrial injury claim. There is a handwritten Doctor's First Report, dated 3/15/13 by [REDACTED], but the mechanism of onset is not legible. According to the 7/18/13 psychiatric report ([REDACTED]), the patient fell from a ladder and injured her neck, shoulders, arms, back and knees. According to the 10/08/13 (?) report from [REDACTED], the diagnoses include: sprain of wrist; sprain of shoulder/arm; tear lateral meniscus, knee. The IMR application shows a dispute with the 10/24/13 UR decision. The 10/24/13 UR letter is from [REDACTED] and recommends non-certification for PT 2x5 and some compounded topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for physio therapy 2 x 5 weeks, cervical, thoracic, lumbar, bilateral shoulders:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** According to the 12/9/13 report, from [REDACTED], the patient presents with 8-9/10 neck and back pain, and 4-5/10 elbow pain. The records show the patient has 12 PT sessions in April-June 2013, but by 7/18/13, [REDACTED] reports increased symptoms. MTUS recommends 8-10 sessions of PT for various myalgias and neuralgias. The patient has already had 12 with worsening symptoms. The request for an additional 10 sessions with the 12 sessions already provided will exceed MTUS guidelines.

**The request for Flurbiprofen 25%, Lidocaine, 5%, Menthol 5%, Camphor 1%:** Upheld

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

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

**Decision rationale:** The request is for a compounded topical composed of Flurbiprofen, lidocaine, menthol and camphor. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the compound contains Lidocaine 5%. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria.

**The request for Tramadol 15%/Lidocaine 5%/Dextromethorphan 10%/Capsaicin 0.025%:** Upheld

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

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

**Decision rationale:** The request before me is for a compounded topical composed of tramadol, lidocaine, dextromethorphan and capsaicin. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the compound contains Lidocaine 5%. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria.