

<b>Case Number:</b>	CM13-0048722		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Anesthesiology and has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 45-year-old female who reported an injury on 06/12/2013 after a fall that reportedly caused injury to her low back and right shoulder. The patient's most recent clinical evaluation documented the patient had continuous right shoulder pain and low back pain rated at an 8/10 to 9/10. Physical findings included restricted range of motion of the right shoulder secondary to pain with a positive impingement test. Examination of the lumbar spine revealed limited range of motion secondary to pain with a positive straight leg raising test. The patient's diagnoses included lumbar spine musculoligamentous strain, right shoulder impingement syndrome, right sacroiliac joint inflammation and psychiatric issues. Topical medications were ordered for pain relief, an MRI of the right shoulder was ordered, a Functional Capacity Evaluation was ordered, and acupuncture 2 times a week for 6 weeks for the lumbar spine and right shoulder to assist with precipitation within an active therapy program. The patient's

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR LUMBAR SPINE AND RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** The requested acupuncture 2 times a week for 6 weeks for the lumbar spine and right shoulder are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend acupuncture treatments to assist with medication reduction and participation in active therapy. The clinical document does indicate that the patient's treatment plan included physiotherapy. However, California Medical Treatment Utilization Schedule recommends a trial of 4 to 6 treatments with documentation of increased functional benefit and pain relief and a reduction in medications to support continuation of this treatment modality. The clinical documentation submitted for review does not provide any evidence that the patient received a clinical trial prior to the request on 10/15/2013. The requested 12 visits exceed the trial recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested acupuncture 2 times a week for 6 weeks for the lumbar spine and right shoulder are not medically necessary or appropriate.

**FUNCTIONAL CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7,.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The requested Functional Capacity Evaluation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend a Functional Capacity Evaluation when a more precise delineation of the patient's capabilities than what can be assessed during a regular physical exam is needed. The clinical documentation submitted for review does not provide any evidence that the patient is at maximum medical improvement or has had any failures or return to work to support the need for a more in depth evaluation of the patient's work capabilities. Therefore, a Functional Capacity Evaluation is not supported. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate.

**FLURBIPROFEN 20% / TRAMADOL 20% IN MEDIDERM BASE:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** The requested flurbiprofen 20% / tramadol 20% in Medi-Derm base is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends nonsteroidal anti-inflammatory drugs as topical agents for short courses of treatment for patients who are unable to tolerate oral nonsteroidal anti-inflammatory drugs or when oral formulations are contraindicated to the patient. The clinical documentation submitted for review does not provide any evidence that the patient is unable to tolerate oral formulations

of a nonsteroidal anti-inflammatory drug. Additionally, the request as it is written does not clearly define treatment duration. Therefore, the appropriateness of a topical nonsteroidal anti-inflammatory drug cannot be determined. Peer reviewed literature does not recommend the use of opioids in a topical formulation as there is little scientific evidence to support the efficacy and safety of these medications. California Medical Treatment Utilization Schedule does not recommend the use of any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations. As such, the requested flurbiprofen 20% / tramadol 20% in Medi-Derm base is not medically necessary or appropriate.

**GABAPENTIN 10% / AMITRIPTYLINE 10% / DEXAMETHORPHAN 10% IN MEDIDERM BASE: 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 Page(s): 111.

**Decision rationale:** The requested gabapentin 10% / amitriptyline 10% / Dextromethorphan 10% in a Medi-Derm base is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of gabapentin as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication. Additionally, peer reviewed literature does not recommend the use of topical antidepressants as there is little scientific evidence to support the efficacy and safety of these medications. Peer reviewed literature does support the use of Dextromethorphan in the use of neuropathic pain. However, California Medical Treatment Utilization Schedule states that any drug or drug class that contains at least 1 element that is not supported by guideline recommendations is not recommended. As such, the requested gabapentin 10% / amitriptyline 10% / Dextromethorphan 10% in a Medi-Derm base is not medically necessary or appropriate.

**GABAPENTIN 10% / TRAMADOL 20% / LIDOCAINE 5% IN MEDIDERM BASE: 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 Page(s): 111.

**Decision rationale:** The requested gabapentin 10% / tramadol 10% / Lidocaine 5% in a Medi-Derm base is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of gabapentin as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication. Additionally, California Medical Treatment Utilization Schedule does not support the use of Lidocaine in a cream formulation as it is not FDA approved to treat neuropathic pain. Peer reviewed literature does not support the use of tramadol or other opioids as topical analgesics as there is little scientific data

to support the efficacy and safety of opioids in a topical formulation. California Medical Treatment Utilization Schedule recommends that any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested gabapentin 10% / tramadol 20% / Lidocaine 5% in a Medi-Derm base is not medically necessary or appropriate.