

<b>Case Number:</b>	CM14-0007174		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/13/2008
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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, has a subspecialty in Pain Management 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 patient is a 43-year-old female who has filed a claim for cervical intervertebral disc degeneration and cervical spinal stenosis associated with an industrial injury date of June 13, 2008. Review of progress notes indicates neck and trapezial pain radiating to the right arm, with gripping problems. Patient also reports low back pain and occasional left hand tingling. Patient also has symptoms of depression and anxiety. Findings include tenderness of the cervical spine; and diffuse weakness of the right arm, though difficult to localize. X-ray of the cervical spine dated December 09, 2013 showed degenerative changes at the L5-6 level with an anterior osteophyte and some disk space narrowing. Mention of a cervical MRI (date unspecified) showed degeneration at the C5-6 and C6-7 levels. Treatment to date has included opioids, anti-depressants, Seroquel, sleep aids, 46 sessions of physical therapy, 6 sessions of acupuncture, psychotherapy, and cervical epidural steroid injection. Patient is a candidate of cervical spinal surgery. Utilization review from January 14, 2014 denied the request for physical therapy for the cervical spine 2x4, Exalgo (hydromorphone) 16mg, Medrox patches x 5 boxes, and Menthoderm x 2 bottles. Reasons for denial were not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY FOR THE CERVICAL SPINE 2 TIMES 4: Upheld**

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

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

**Decision rationale:** Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. This patient has had 46 sessions of physical therapy. Documentation does not provide evidence of continued benefit of these physical therapy sessions, as pain levels, cervical range of motion, and muscle testing did not improve from July to August 2013. There is no indication regarding the functional benefits to be gained from additional physical therapy sessions, and the patient should be able to transition to a home exercise program at this time. Therefore, the request for physical therapy 2x4 for the cervical spine was not medically necessary.

**EXALGO (HYDROMORPHONE) 16MG QD:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least July 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. The requested quantity is not specified. Therefore, the request for Exalgo (hydromorphone) 16mg was not medically necessary.

**MEDROX PATCHES TIMES 5 BOXES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Salicylate topicals, Topical analgesics Page(s): 28,105,111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments;

with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Patient has been on this medication since July 2013. However, there is no evidence to support the use of a 0.0375% formulation of capsaicin for topical application. Therefore, the request for Medrox patches x5 boxes was not medically necessary.

**MENTHODERM TIMES 2 BOTTLES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** Methoderm is composed of methylsalicylate/menthol. Page 105 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates are significantly better than placebo in chronic pain. Patient is currently on multiple medications that include Percocet, Exalgo, Seroquel, Prozac, and Pristiq; and there is no indication as to what additional benefits, if significant, Methoderm may provide above and beyond these oral medications. Therefore, the request for Methoderm x 2 bottles was not medically necessary.