

<b>Case Number:</b>	CM14-0106308		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 55-year-old female with a reported injury on 02/11/2014. The mechanism of injury was cumulative trauma. Her diagnoses consisted of cervical spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder pain, right elbow pain, and sprain/strain, right wrist pain and sprain/strain, bilateral knees, chest pain, anxiety, and stress. Prior treatments included hot cold packs. The injured worker had a comprehensive medical evaluation on 03/13/2014 that revealed pain in her neck, her bilateral shoulders, her right elbow, right wrist and hand, lower back, and the right knee, left knee, chest. At that time, she rated her pain at 10/10. Upon examination of her cervical spine, it was normal but there was tenderness to the bilateral paraspinals and upper trapezius, the examination revealed full range of motion on her thoracic spine and there was tenderness bilaterally on the paraspinals, on the lumbar spine there was tenderness to palpation and the examination revealed full range of motion as well. The injured worker had a positive straight leg raise at 40 degrees bilaterally. Upon examination of the shoulder, there was tenderness in the bilateral upper trapezius and the rotator cuff. The examination of the arm revealed tenderness to the right flexor muscle, the right extensor muscle, and the right olecranon. There was painful range of motion to the right arm. On her wrist examination, there was tenderness to the right thenar, hypothenar, and the wrist joint. And there was also painful range of motion to the right wrist. There was tenderness to the bilateral medial knee and lateral knee and the injured worker had painful range of motion bilaterally. The physician noted the injured worker was not prescribed any medications at that time. The injured worker had a more recent examination on 05/09/2014 with complaints of occasional chest pain and has reported decreased pain and increased activities of daily living. She rated her pain at 8/10. This physician recommended an MRI and an EMG and NCV. The recommended plan of treatment was for her to have an x-ray of the chest, cervical spine and thoracic spine, to do an

EKG, to start physical therapy 2 times a week for 4 weeks, and to start the prescribed medications including a topical cream, naproxen, Cyclobenzaprine, and omeprazole. The recommendation also was for her to have a Functional Capacity Evaluation for determining if the patient was able to return to work to her usual and customary occupation. The request for authorization was not provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy 2x4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for physical therapy 2 times 4 is not medically necessary. The California MTUS Guidelines recommend physical therapy to provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing of soft tissue injuries. 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. Within the provided documentation it was noted that range of motion was painful. Within the provided documentation, the requesting physician did not provide a recent complete assessment of the injured worker's objective functional condition in order to demonstrate deficits for which therapy would be indicated. Furthermore, the submitted request for the physical therapy 2 times 4 does not specify the site at which it is to be performed. Therefore, the request for physical therapy 2 times 4 is not medically necessary.

#### **Cyclobenzaprine 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), page(s) 63-64 Page(s): 63-64.

**Decision rationale:** The request for Cyclobenzaprine 7.5 mg is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines recommend Cyclobenzaprine for a short course of therapy of no longer than 2 to 3 weeks. Antispasmodic drugs are used also to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries. In addition, symptoms could include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity, and fatigability. There is a lack of evidence and documentation regarding spasms upon physical

examination. There is no indication that the injured worker has a spastic condition such as cerebral palsy, MS, or suspected spinal cord injury. The injured worker has been prescribed this medication since at least 03/13/2014. Continuation of this medication would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Cyclobenzaprine 7.5 mg is not medically necessary

**Omeprazole 20mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk, page(s) 68-69 Page(s): 68-69.

**Decision rationale:** The request for omeprazole 20 mg #30 is not medically necessary. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The injured worker is not over the age of 65 and she does not have a history of peptic ulcer, gastrointestinal bleed, or perforation. The injured worker did not report any gastrointestinal complaints. There is no evidence or documentation that she is using aspirin, corticosteroids, or anticoagulants. There is no evidence that she is taking an NSAID. There is a lack of documentation indicating the injured worker has significant objective improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the omeprazole 20 mg is not medically necessary.

**Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4%, :210grams and Amitriptyline10%, Dextromethorphan 10%, Gabapentin 10%; 210 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

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

**Decision rationale:** The request for the flurbiprofen 20%, tramadol 20%, Cyclobenzaprine 4%, amitriptyline 10%, Dextromethorphan 10%, and gabapentin 10% is non-certified. The California MTUS guidelines do not recommend any compounded products that contain at least one drug or drug class that is not recommended. Flurbiprofen is an NSAID. The California MTUS

Guidelines state that nonsteroidal anti-inflammatory agents in the clinical trials have been inconsistent and most studies are small and of short duration. NSAIDs are indicated for osteoarthritis, and tendonitis, particularly that of the knee and elbow or other joints amenable for topical treatment for short term use of 4 to 12 weeks. There is little evidence to utilize this topical NSAID treatment for osteoarthritis of the spine and/or shoulders. For neuropathic pain, it is not recommended as there is no evidence to support its use. The injured worker does not have an diagnosis of osteoarthritis or tendonitis. For the ingredient of Tramadol, peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. The California MTUS guidelines note there is no evidence for the use of any muscle relaxant as a topical agent. Gabapentin is not recommended as there is no peer reviewed literature to support its use. The injured worker does not have a diagnosis to support the use of flurbiprofen. The guidelines do not recommend tramadol, Cyclobenzaprine, and gabapentin for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. As such, the request for flurbiprofen 20%, tramadol 20%, Cyclobenzaprine 4%, amitriptyline 10%, Dextromethorphan 10%, and gabapentin 10% it is not medically necessary.

**FEC:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>.

**Decision rationale:** The request for the FCE (Functional Capacity Evaluation) is not medically necessary. The California MTUS/ACOEM guidelines state it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination and under some circumstances, it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examinations. The Official Disability Guidelines note a Functional Capacity Evaluation is recommended prior to admission to a work hardening program. The guidelines recommend considering a Functional Capacity Evaluation is case management is hampered by prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and for injuries that require detailed exploration of a worker's abilities. The guidelines recommend, Functional Capacity Evaluation if the injured worker has reached maximum medical improvement and all key medical reports are secured, and when additional/secondary conditions are clarified. The injured worker has not had any failed attempts to return to work. There were no conflicting medical reports. There is no documentation that she has reached maximum medical improvement. There is no evidence that a work hardening program is being recommended. The recommendation was for her to have a Functional Capacity Evaluation for the purpose of determining if the patient was able to return to

work to her usual and customary occupation. There is no evidence that the injured worker's case management has been hampered or that timing is appropriate. Therefore, the request for the Functional Capacity Evaluation is not medically necessary.