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| <b>Case Number:</b>   | CM14-0011180 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 02/25/2013 |
| <b>Decision Date:</b> | 07/09/2014   | <b>UR Denial Date:</b>       | 01/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/28/2014 |

### 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 Pain Medicine, and is licensed to practice in Minnesota. 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:

The injured worker is a 54-year-old female who reported an injury on 02/25/2013; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 12/20/2013 it was revealed that the injured worker was complaining of constant and persistent neck pain, shoulder pain, wrist pain, and hand pain. The injured worker's current medication list includes ibuprofen, tramadol, and she is using Biotherm topical cream; however, the dosages and frequencies were not provided within the report. Furthermore, the injured worker reported her pain level a 7/10 to a 4/10 to 5/10 on a pain scale of 0 to 10 after taking medication. The physical exam revealed a decreased range of motion in the shoulders, but had improved since the last visit and had completed 4 sessions of physical therapy. The injured worker's range of motion was listed as flexion at 120 degrees, extension at 50 degrees, abduction at 100 degrees, adduction at 40 degrees, internal rotation at 60 degrees, and external rotation at 45 degrees. The exam further revealed that there was a positive acromioclavicular joint tenderness bilaterally with decreased motor strength rated 4/5. The injured worker's diagnoses included chronic cervical spine sprain, chronic bilateral shoulder strain, right greater than left carpal tunnel syndrome, right foot plantar fasciitis, severe depression and anxiety, and sleep difficulty secondary to chronic pain. The request for authorization form was dated 12/31/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO TIMES PER WEEK FOR SIX WEEKS FOR THE BILATERAL SHOULDERS AND BILATERAL HANDS: 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:** The request for physical therapy 2 times per week for 6 weeks for the bilateral shoulders and bilateral hands is not medically necessary. The California MTUS Guidelines recommend physical therapy in the presence of functional deficits. Furthermore, the Guidelines recommend for myalgia and myositis a duration of physical therapy to be no longer than 9 to 10 visits over 8 weeks. The submitted documentation reported the injured worker had completed an initial trial of physical therapy with four sessions. Within the documentation the injured worker presented during the physical exam with functional deficits, however, there was no documentation submitted that showed the injured worker's functional deficits prior to the trial phase of therapy to ascertain if the injured worker had documented functional gains and showed the injured worker responded appropriately to therapy beyond subjective documentation. In addition, the request exceeds the recommended number of sessions and there was no documentation of extenuating circumstances that would justify exceeding the Guidelines. Without documentation to show the functional deficits prior to therapy so objective functional gains would be shown the therapy to be effective and documentation of extenuating circumstances, the request at this time is not supported by the Guidelines. As such, the request is not medically necessary.

**MOTRIN 800 MG #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs Page(s): 67-73.

**Decision rationale:** The request for Motrin 800 mg #120 is not medically necessary. The California MTUS Guidelines indicate NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Furthermore, the Guidelines indicate that NSAIDs are recommended as an option for short term symptomatic relief. It was also found that NSAIDs had more adverse effects than placebo and acetaminophen with fewer effects than muscle relaxants and narcotic analgesics. Moreover, the Guidelines indicate the duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side effects as set forth in the introduction of the Guidelines. The documentation provided does not support that the injured worker has any functional gains from taking the medication. The documentation further lacks any quantified pain values with or without the medication so it is unknown whether the efficacy of the medication is beneficial to the injured worker. Lastly, the indicated duration of the Guidelines

state that it is for short term use and there is a documented long term use of the medication. As such, the request for Motrin 800 mg #120 is not medically necessary.

**ULTRAM 50 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for Ultram 50 mg #120 is not medically necessary. The California MTUS Guidelines recognize 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker has reported high pain ratings and the limited pain assessments did not indicate whether the pain ratings were done with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Hence, the request is not medically necessary.

**BIO THERM TOPICAL CREAM MENTHYL SALICYLATE 20%/MENTHOL 10%/CAPSAICIN 0.002%:** 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): 111-112.

**Decision rationale:** The request for Biotherm (methyl salicylate 20% menthol 10% capsaicin 0.002%) 4 oz is not medically necessary. The California MTUS guidelines indicate there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. There was a lack of documentation that the injured worker failed conventional therapy which contraindicates the California MTUS Guidelines. Hence, the request is not medically necessary.

**URINALYSIS:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for a urine drug screen is not medically necessary. The California MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. The submitted clinical notes lack the documentation to show the injured worker has been prescribed opioids recent enough to be present upon urine drug screening. Within the provided documentation it was unclear when the injured worker's last urine drug screen was performed; therefore, it cannot be determined if the urine drug screen was congruent with the Guideline recommendations. Without the documentation of the last urine drug screen and a more current medication list the request is not certified by the Guidelines at this time. Hence, the request is not medically necessary.