

<b>Case Number:</b>	CM14-0019268		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 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 injured worker is a 39-year-old with a reported date of injury on September 25, 2012. The worker was injured answering a large volume of calls without a headset, and felt stiffness in her neck with pain. The progress note from January 15, 2014 noted subjective complaints were pain in the neck, shoulders, bilateral upper extremities, elbows as well as problems with sleep due to pain. The progress note also reported objectively, the injured worker had markedly limited cervical mobility, tenderness, motor weakness, decreased sensation, and positive head compression/Spurling. The diagnosis was listed as C6-7 disc herniation with bilateral cervical radiculopathy. The injured worker underwent physical therapy in June of 2013 but continued to complain of neck pain and stiffness radiating to the bilateral trapezial region. An MRI was performed on August 28, 2014 revealed a 1-2mm disc bulge at C3-4 and C5-3 and a 2mm disc bulge at C8-7 without any evidence of central canal foraminal stenosis. The injured worker has been taking pain medications without benefit. The request for authorization form was submitted on January 10, 2014 for over the door cervical traction, twelve visits of acupuncture therapy to the neck, FluriFlex cream, and TGIce cream due to C6-7 disc herniation with bilateral cervical radiculopathy

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OVER-THE DOOR CERVICAL TRACTION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck And Upper Back Complaints, Traction.

**Decision rationale:** The injured worker has undergone physical therapy with no benefits. According to the Official Disability Guidelines recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. The injured worker has evidence of radiculopathy; however, there is lack of documentation of a recent home exercise program. The request for over-the-door cervical traction is not medically necessary or appropriate.

**ACUPUNCTURE; TWELVE (12) VISITS, NECK:** Upheld

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

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

**Decision rationale:** The injured worker has undergone physical therapy with no benefits. The acupuncture guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is three to six treatments and the frequency is one to three times per week and optimum duration: one to two months. There is no evidence of an adjunction of physical rehabilitation with acupuncture since the injured worker has already received physical therapy. The request for acupuncture for the neck, twelve visits, is not medically necessary or appropriate.

**FLURIFLEX (FLURIPROFEN 15%/CYCLOBENZAPRINE 10%)180GM CREAM  
APPLY A THIN LAYER TO THE AFFECTED AREA TWICE A DAILY:** 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 ANALGESIC Page(s): 111-113.

**Decision rationale:** The injured worker has undergone physical therapy and used oral pain medications with no benefits. The California Chronic Pain Medical Treatment guidelines state there is little to no research to support the use of many agent used in topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trial for NSAID (non-steroidal anti-inflammatory drug) such as fluriprofen topical have been inconsistent and most studies are small and of short

duration. There is also no evidence for use of any muscle relaxant such as cyclobenzaprine as a topical product. The request for fluriflex (fluriprofen 15%/cyclobenzaprine 10%)180 gm cream is not medically necessary or appropriate.

**TGICE (TRAMADOL 8%/ GABAPENTIN 10%/ MENTHOL 2%/ CAMPHOR 2%)  
180GM CREAM APPLY A THIN LAYER TO THE AFFECTED AREA TWICE DAILY:  
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): 111-113.

**Decision rationale:** The injured worker has undergone physical therapy and taken oral pain medications with no benefits. The California Chronic Pain Medical Treatment guidelines state there is little to no research to support the use of many of the agents used in topical analgesic. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended and there is no peer-reviewed literature to support use. The guidelines do not recommend topical analgesic for neuropathic pain. There are no guidelines in regards to using tramadol as a topical analgesic. The request for TgIce (tramadol 8%/ gabapentin 10%/ menthol 2%/ camphor 2%) 180 gm cream is not medically necessary or appropriate.