

<b>Case Number:</b>	CM14-0128156		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/13/1990
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Orthopedic Surgery 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 records, presented for review, indicate that this 72- year-old individual was reportedly injured on April 8, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 6, 2014, indicated that there were ongoing complaints of neck and shoulder pains. The physical examination demonstrated a 5'6", 175-pound individual who was hypertensive (143/76) and has a slight grip strength decrease. A decrease in cervical and lumbar spine range of motion was also reported. The diagnoses are bilateral shoulder impingement syndrome and a carpal tunnel syndrome. Diagnostic imaging studies noted multiple level degenerative changes, multiple level small disc bulges, cervical spondylosis, and facet arthrosis. Previous treatment included physical therapy and multiple medications. A request had been made for physical modalities and was not certified in the pre-authorization process on July 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions Of Physical Therapy To The Cervical, Thoracic, Lumbar And Bilateral Ext.:**  
Upheld

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

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

**Decision rationale:** When noting the date of injury, the age of the injured employee, the metaphysical therapy completed and by the parameters noted in the MTUS transition to home exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight, and maximum range of motion is all that is indicated. Yet guidelines support 1 to sessions to train on appropriate exercises and there is no indication for additional formal physical therapy. Therefore, based the clinical information presented for review and by the parameters noted in the MTUS, this is not medically necessary.

**1 Referral to LINT for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** CA MTUS, ACOEM, and the ODG provide no support for the use of localized intense neural stimulation therapy for the compensable injury cited. Furthermore, the guidelines do not recommend various electric stimulation therapies due to lack of evidence-based trials suggesting benefit. However, there is guideline support for other, better-studied stimulation therapies where intervention trials have suggested benefit. Without additional evidence-based supported documentation to identify the efficacy and utility of the program requested, this is not considered medically necessary.

**1 Prescription for Fluriflex 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip, or shoulder and there is no evidence to support the use for neuropathic pain therefore, the request for FluriFlex is not medically necessary.

**TGHOT 180GM:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines indicate gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating the claimant was intolerant of other treatments. The request for topical TGHot is not in accordance with the MTUS guidelines therefore, the request for TGHot Cream is not medically necessary

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

**Decision rationale:** It is not recommended as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain therefore this request is not medically necessary.