

Case Number:	CM14-0131181		
Date Assigned:	08/20/2014	Date of Injury:	07/17/2013
Decision Date:	09/25/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/17/2014

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, has a subspecialty in Interventional Spine 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 54 year old male with an injury date of 07/17/13. The 07/16/14 progress report by [REDACTED] states the patient presents with pain in the right shoulder/arm rated 7/10 increased from 6/10, the bilateral wrists/hands rated 4/10 increased from 3/10, in the right wrist 3/10 and 2/10 in the left. He also presents with neck pain rated 7/10 increased from 5/10 that radiates in the pattern of bilateral C6-7 dermatomes. The patient is temporarily totally disabled for 4 weeks. Examination of the cervical spine reveals grade 2 tenderness to palpation over the paraspinal muscles as well as 2 palpable spasm. The cervical compression test is positive. The right shoulder, right arm, bilateral wrists and bilateral hands have grade 2 tenderness to palpation. The patient's diagnoses include: 1. Cervical spine musculoligamentous strain/sprain with radiculitis, rule out disc protrusion. 2. Right third and fourth rib fracture. 3. Status post blunt injury of chest. 4. Status post sternal fracture with subsequent open reduction and internal fixation. 5. Right traumatic hemopneumothorax. 6. Status post closed fracture of greater tuberosity of right humerus with anterior dislocation, tendinosis adhesive capsulitis. 7. Status post pneumonmediastinum with residual breathing problems. 8. Status post right internal mammary artery injury. 9. Status post ligation or right internal mammary artery via transverse sternotomy. 10. Sleep disturbance secondary to pain. 11. Depression/anxiety, situational. The 05/28/14 report lists the following medications, Fluriflex, TGHOT, and Tramadol. The utilization review being challenged is dated 07/16/14. The rationale is that for Tramadol no documentation of functional benefit was provided, no urine drug test results, risk assessment profile, a signed pain

contract or attempts at weaning. Regarding the 12 sessions of chiropractic treatment, the claimant was expected to be well versed in a home treatment program considering extensive prior physical therapy treatments and the absence of an acute flare up. Treatment reports were provided from 01/29/14 to 07/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180 gm: 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: NON-STEROIDAL ANTIINFLAMMATORY AGENTS (NSAIDS) Page(s): 111.

Decision rationale: The patient presents with right shoulder arm pain rated 7/10, bilateral wrists/hands rated 4/10 and 2/10 and neck pain rated 7/10 that radiates in the pattern of bilateral C6-7 dermatomes. The treater requests for Fluriflex (a flurbiprofen, cyclobenzaprine cream) 180 gm to minimize the possible neurovascular complications, to avoid complications associated with the use of narcotics medications, and avoid upper GI bleeding from the use of NSAID medications. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case cyclobenzaprine is not supported for topical formulation. Recommendation is for denial.

TGHot 180 gm: 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: NON-STEROIDAL ANTIINFLAMMATORY AGENTS (NSAIDS) Page(s): 111.

Decision rationale: The patient presents with right shoulder arm pain rated 7/10, bilateral wrists/hands rated 4/10 and 2/10 and neck pain rated 7/10 that radiates in the pattern of bilateral C6-7 dermatomes. The treater requests for TGHot (a tramadol, gabapentin, menthol, camphor, Capsaicin) cream 180 gm to minimize the possible neurovascular complications, to avoid complications associated with the use of narcotics medications, and avoid upper GI bleeding from the use of NSAID medications. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case tramadol is not supported for topical formulation. MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, recommendation is for denial.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

Decision rationale: The patient presents with right shoulder arm pain rated 7/10, bilateral wrists/hands rated 4/10 and 2/10 and neck pain rated 7/10 that radiates in the pattern of bilateral C6-7 dermatomes. The treater requests for Tramadol (an opioid) 50 mg #60. It is unknown how long the patient has been taking this medication or if its use has been continuous. It does not show on the medications list on 07/16/14, it does show on the list 04/16/14 and 05/28/14. Clinical urine drug tests dated 04/16/14, 02/28/14 and 01/29/14 report no opiates detected. MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one very six months, documentation of the 4A's (analgesia, ADLs, adverse side effect, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication etc. A review of the treatment reports provided from 02/28/14 to 07/16/14 show no discussion of functional benefit for the patient from this medication, no discussion of adverse side effects, and no specific ADL's are mentioned to show a significant change with use of this medication. Therefore, recommendation is for denial.

Chiropractic two times a week for six weeks to cervical spine and right upper extremity, x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: The patient presents with right shoulder arm pain rated 7/10, bilateral wrists/hands rated 4/10 and 2/10 and neck pain rated 7/10 that radiates in the pattern of bilateral C6-7 dermatomes. The treater requests for Chiropractic 12 sessions (2x6 weeks) for the cervical spine and right upper extremity. MTUS guidelines pages 58, 59 recommend manual therapy and manipulation as an option for the lower back with a trial of 6 visits over 2 weeks. MTUS does not address the right upper extremity. The treater states in the 07/16/14 report that chiropractic treatment helps to decrease the patient's pain and the patient was to continue chiropractic treatment 2x6 weeks. Treatment reports provided show 1 chiropractic session completed 06/06/14 as part of a course of 12 sessions. It is not clear from the records provided how many sessions of chiropractic treatment the patient has completed and if previously completed chiropractic therapy combined with the 12 requested sessions would exceed the 18

sessions allowed by MTUS for a trial period. The treater does not document pain and functional improvement with prior chiro treatments either. Therefore, recommendation is for denial.