

<b>Case Number:</b>	CM14-0155964		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 and 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 injured worker is a 54-year-old female with a date of injury of 01/17/2012. The listed diagnoses are acute lumbar spine sprain/strain; lumbosacral radiculitis on the right; multilevel lumbar herniated nucleus pulposus; gait abnormality; and urinary incontinence, worsening. According to the progress report dated 08/07/2014, the patient presents with neck, midback, low back, bilateral knee, and bilateral feet pain. She continues to have radiation of cervical spine pain to the bilateral upper extremities and lumbar spine pain to the bilateral lower extremities. Patient states that her pain is better with rest and medication. She is currently taking tramadol and utilizing Keratek analgesic gel which reduces her pain. Examination revealed slight decreased range of motion with tenderness to the paraspinal and trapezius in the cervical spine. Spurling's test was positive on the right. Strength and sensation were decreased to 5/10. Examination of the low back revealed decreased range of motion with tenderness over the paraspinals right greater than left. Kemp's test was positive bilaterally. The patient is taking Tramadol and utilizing topical creams. The treating physician is requesting diclofenac/lidocaine cream 3%/5% 180 g; physical therapy 6 sessions for the bilateral knees and feet; physical therapy 12 sessions for right shoulder, wrist, and elbow; Keratek analgesic gel; and a urine toxicology screen. Utilization review denied the request on 08/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/Lidocaine cream 3%/5%, 180 g: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines MTUS Guidelines has the following regarding topical creams; topical analgesics. Pag.

**Decision rationale:** The MTUS Guidelines has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Therefore, the request for Diclofenac/Lidocaine cream 3%/5%, 180 g is not medically necessary and appropriate.

**Physical therapy 2 times a week for 6 weeks (12) for the bilateral knees and bilateral feet:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines MTUS has the following: Physical Medicine Page(s): 98, 99.

**Decision rationale:** This patient presents with neck, midback, low back, bilateral knee, and bilateral feet pain. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file indicates that the patient has not tried physical therapy yet. In this case, a course of 9 to 10 sessions may be warranted, but the treating physician request for initial 12 sessions exceeds what is recommended by MTUS. Therefore, the request for physical therapy twice a week for six weeks (12) for the bilateral knees and bilateral feet is not medically necessary and appropriate.

**Physical therapy 2 times a week for 6 weeks (12 sessions) for the right shoulder, right elbow and right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines MTUS has the following: Physical Medicine Page(s): 98, 99.

**Decision rationale:** Physical therapy treatment history is not documented for these body parts. Utilization review indicates the patient has been most recently authorized 6 sessions for the shoulder, elbow, and wrist on 01/30/2014. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-type symptoms 9 to 10 sessions over 8 weeks. In this case, the patient has been authorized for 6 sessions addressing the right shoulder, wrist, and

elbow complaints. The treating physician request for 12 additional sessions exceeds what is recommended by MTUS. Therefore, the request for Physical therapy twice a week for six weeks (12 sessions) for the right shoulder, right elbow and right wrist is not medically necessary and appropriate.

**Kera-Tek analgesic gel, 4oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60,61), The MTUS has the following regarding topic.

**Decision rationale:** The injured worker presents with neck, midback, low back, bilateral knee, and bilateral feet pain. The treater is requesting a Keratek analgesic gel 4 oz. KERATEK is a topical analgesic that contains methyl salicylate 28% and menthol 16%. The MTUS Guidelines allows for the use of topical NSAID for peripheral joint arthritis and tendonitis. In this case, the patient does present with bilateral knee pains for which topical NSAIDs may be indicated. However, the treater does not discuss how this topical is being used and with what effectiveness. MTUS page 60 require recording of pain and function with medications used for chronic pain. Therefore, the request for Kera-Tek analgesic gel, 4oz is not medically necessary and appropriate.

**Urine toxicology screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain regarding Urine Drug Testing (UDT)

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

**Decision rationale:** While MTUS Guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, Official Disability Guidelines (ODG) provide clear recommendation. ODG recommends once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The medical file indicates a urine drug screen was performed on 02/07/2014 which was consistent with the medications prescribed. There are no other UDS's in the file. Given that these screens are provided on a random basis, a repeat UDS is not unreasonable. Therefore, the request for a Urine toxicology screen is medically necessary and appropriate.