

<b>Case Number:</b>	CM14-0167182		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 patient is a 54 year old with an injury date on 6/14/06. The patient complains of neck and left shoulder pain with pins/needles sensation, rated 7/10, bilateral wrist pain rated 5/10, low lumbar pain rated 7/10, which radiates to right lower extremity (rated 6/10), and bilateral foot pain per 8/29/14 report. Based on the 8/29/14 progress report provided by [REDACTED] the diagnoses are cervical spine sprain/strain; right shoulder sprain; status post left shoulder arthroscopy; left elbow pain status post epicondylar release; bilateral wrists/left hand contusion; lumbar sprain/strain; lumbar discopathy; right knee sprain; left foot tenosynovitis; left ankle sprain; left plantar fasciitis; anxiety; depression; cervical spine discopathy; and bilateral carpal tunnel syndrome. Exam on 8/29/14 showed "Cervical spine range of motion is limited, with extension at 30 degrees. Range of motion of bilateral shoulders is full. Lumbar spine range of motion is limited, with flexion at 20 degrees." The patient's treatment history includes home exercise program. [REDACTED] is requesting heating pads, inversion table, Lidocaine 6% / Gabapentin 10% / Tramadol 10% / Cream 180gm, and Flurbiprofen 15% / Cyclobenzaprine 2% / Baclofen 2% / Lidocaine 5% cream 180gm. The utilization review determination being challenged is dated 9/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/11/13 to 8/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heating Pads:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar spine, heat treatments

**Decision rationale:** This patient presents with neck pain, left shoulder pain, bilateral wrist pain, lower back pain, right leg pain and bilateral foot pain. The provider has asked for heating pads on 8/29/14 "as her old one is dilapidated." According to Official Disability Guidelines under heat treatments, "Recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain." ACOEM, however, recommends "At-home local applications of heat or cold are as effective as those performed by therapists." Given the patient's chronic pain condition, use of heat pads would appear reasonable with some support from Official Disability Guidelines. The patient does present with low back pain. Therefore, this request is medically necessary.

**Inversion Table:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Inversion Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**Decision rationale:** This patient presents with neck pain, left shoulder pain, bilateral wrist pain, lower back pain, right leg pain and bilateral foot pain. The provider has asked for inversion table on 8/29/14. Regarding home traction units, ACOEM states there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of such passive physical modalities. These palliative tools may be used on a trial basis but should be monitored closely. Regarding Traction, Official Disability Guidelines states not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. In this case, the patient presents with chronic back pain, and is continuing with a home exercise program. The requested inversion table as an adjunct treatment modality appears reasonable and within ACOEM/ Official Disability Guidelines for this type of condition. Therefore, this request is medically necessary.

**Lidocaine 6%/ Gabapentin/ 10%/ Tramadol 10% cream 180gm, apply 1-2 grams to affected area three to four times 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 Lidoderm (Lidocaine patch), Topical Analgesics Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm

**Decision rationale:** This patient presents with neck pain, left shoulder pain, bilateral wrist pain, lower back pain, right leg pain and bilateral foot pain. The provider has asked for Lidocaine 6% / Gabapentin 10% / Tramadol 10% cream 180gm on 8/29/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend Gabapentin for topical use. As topical Gabapentin is not indicated, the entire compounded cream is also not indicated for use. Therefore, this request is not medically necessary.

**Flurbiprofen 15%/ Cyclobenzaprine 2%/ Baclofen 2%/ Lidocaine 5% cream 180gm, apply 1-2 grams to affected area three to four times 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 Creams, Chronic Pain Section, Salicylate Topicals Page(s): 111, 105.

**Decision rationale:** This patient presents with neck pain, left shoulder pain, bilateral wrist pain, lower back pain, right leg pain and bilateral foot pain. The provider has asked for Flurbiprofen 15% / Cyclobenzaprine 2% / Baclofen 2% / Lidocaine 5% cream 180gm on 8/29/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, Flurbiprofen, Cyclobenzaprine, Baclofen, and Lidocaine are indicated. MTUS specifically states, other than the dermal patch, other formulations of Lidocaine whether creams, lotions or gels are not approved for neuropathic pain. Thus, a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria. Therefore, this request is not medically necessary.