

<b>Case Number:</b>	CM14-0055761		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 and is licensed to practice in Nevada. 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 38 year old male was reportedly injured on May 1, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated July 7, 2014, indicates that there are ongoing complaints of cervical spine pain, bilateral shoulder, right elbow and bilateral wrist pain. The physical examination demonstrated a decreased range of motion of the cervical spine, tenderness to palpation, and a decrease in shoulder range of motion. Diagnostic imaging studies were not presented for review. Previous treatment includes multiple medications, physical therapy, and conservative care. A request was made for physical therapy and medications and was not certified in the preauthorization process on March 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physiotherapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

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

**Decision rationale:** As outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, one or two visits of physical therapy for education, counseling,

and an assessment of home exercise protocol is supported. As such, when noting the metaphysical therapy order completed tempered by the physical examination reported and taking the count the parameters noted in the ACOEM guidelines there is no clear clinical indication or medical necessity established for additional physical therapy.

**Omeprazole 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

**Decision rationale:** As outlined in the Medical Treatment Utilization Schedule (MTUS), this is a medication indicated for the treatment of gastroesophageal reflux disease and is considered a gastric protectant for individuals utilizing nonsteroidal medications. However in this case, there are no noted complaints of a gastritis or other malady that would warrant this medication. As such, this medication is not medically necessary.

**FluLido-A 240mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (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 nonsteroidal antiinflammatory drugs (NSAIDs) like Flurbiprofen, for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, this request is not medically necessary.

**UltraFlex-G 240gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (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 Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, this request is not medically necessary.

**UltraFlex- G30gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (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 Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, this request is not medically necessary.

**1 NIOSH testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medical examinations and consultations (electronically cited).

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) practice guidelines support the use of functional evaluations (NIOSH testing) when necessary to translate medical evidence of functional limitations to determine work capability. The Official Disability Guidelines (ODG) details the recommendation to consider an assessment if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require a detailed exploration of the workers abilities. When noting the date of injury, the injury sustained and the findings on physical examination it is not clear how this additional testing will offer the diagnosis or change the treatment rendered. Therefore, the medical necessity has not been established.