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| <b>Case Number:</b>   | CM14-0089799 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 10/03/2013 |
| <b>Decision Date:</b> | 08/28/2014   | <b>UR Denial Date:</b>       | 06/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/13/2014 |

### 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 Occupational Medicine 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:

This is a 32 year-old male with a 10/3/13 date of injury. The patient was seen on 4/11/14 with complaints of thoracic and lumbar spine pain, left shoulder pain 9/10, with tingling and weakness. Exam findings revealed tenderness and spasm of the paravertebral muscles, Kemp's test is positive. There is full range of motion of the left shoulder. Cross arm tests causes pain. Topical compound creams and physiotherapy 2x6 per week were recommended. The diagnosis is lumbar and thoracic sprain and strain, and shoulder tendinitis. Treatment to date includes medications, rest, physical therapy and acupuncture. An adverse determination was received on June 4th 2014 for unknown reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin/Flurbi/Tramadol/Menthol/Camphor 0.025%,15%,2%, 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28, 111-113.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025%

formulation, Baclofen, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This patient has been using this medication chronically yet there is no objective evidence of functional improvement. In addition, topical medications containing Flurbiprofen and Tramadol are not supported per MTUS. Therefore, the request for Capsaicin/Flurbi/Tramadol/Menthol/Camphor 0.025%, 15%, 2%, 240gm, as submitted, was not medically necessary.

**Cyclobenzaprine/Flurbiprofen 2%,25%,240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111,113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28, 111-113.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This patient has been using this medication chronically yet there is no objective evidence of functional improvement. In addition, topical medications containing Flurbiprofen and Cyclobenzaprine are not supported per MTUS. Therefore, the request for Cyclobenzaprine/Flurbiprofen 2%, 25%, 240gm as submitted was not medically necessary.

**Physical Therapy 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

**Decision rationale:** California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. This patient had physical therapy in the past to the spine however PT notes were not available for review. In addition, the request is not specified to which body part, and a rationale for the request is unclear. There are no clearly defined functional goals for therapy. Therefore, the request for Physical Therapy 2x6 was not medically necessary.