

<b>Case Number:</b>	CM14-0139352		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/14/1998
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 60-year-old who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of July 14, 1998. In a Utilization Review report dated August 15, 2014, the claims administrator failed to approve requests for several compounded medications, a pain management consultation, and eight sessions of aquatic therapy. The claims administrator referenced a RFA form received on August 7, 2014 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On January 16, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities status post earlier failed epidural steroid injection therapy. A repeat epidural steroid injection was nevertheless endorsed. Overall commentary was sparse. It was suggested that the applicant exhibited an antalgic gait requiring usage of a cane. This was not elaborated upon, however. On November 24, 2014, the applicant was given an epidural steroid injection and asked to pursue a home exercise program while trying to lose weight. In a handwritten note dated May 12, 2015, Norco, naproxen, Zanaflex, Prilosec, urine drug testing, a home exercise program, and weight loss were recommended. The applicant weighed 335 pounds, it was reported. On September 18, 2014, the attending provider suggested that the applicant continue aquatic therapy and topical compounded medications while trying to lose weight. The applicant apparently exhibited an antalgic gait on this occasion and did not require usage of a cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5%, 180gm:** 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 Page(s): 111-113.

**Decision rationale:** No, the topical compounded gabapentin-containing compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Pain Management Consultation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** Conversely, the request for a pain management consultation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary. Here, the applicant was seemingly off of work. Multiple epidural steroid injections and topical compounds had proven unsuccessful. Obtaining the added expertise of a pain management physician, thus, was indicated, given the applicant's seeming failure to respond to other forms of treatment. Therefore, the request was medically necessary.

**Capsaicin 0.0375%, Tramadol 6.5%, Flubiprofen 5%, Menthol 2%, Camphor 2%, 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

**Decision rationale:** Conversely, the request for a capsaicin-containing topical compounded cream was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing compound in question. Therefore, the request was not medically necessary.

**8 Pool Therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** Finally, the request for eight sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for aquatic therapy. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, as appeared to be the case here in the form of the applicant's severe obesity with weight of 335 pounds, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's work status was not outlined on multiple office visits, referenced above, suggesting that the applicant was not working. The applicant remained dependent on analgesic medications, which included Norco, naproxen, and Zanaflex. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of aquatic therapy. Therefore, the request for eight additional sessions of aquatic therapy was not medically necessary.