

<b>Case Number:</b>	CM14-0183244		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	12/01/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old male, who sustained an industrial injury on December 1, 2013. He has reported feeling a pop with pain in his back. His diagnoses include lumbar spine protrusion, bilateral shoulder impingement syndrome, right shoulder tendinitis and derangement joint disease, and right knee sprain/strain and contusion, rule out internal derangement. He has been treated with x-rays, magnetic resonance imaging (MRI), electrodiagnostic studies, pain management, work modifications, medications, and physical therapy. On September 12, 2014, his treating physician reports continuing pain in the lower back and bilateral shoulders/arms, which was unchanged from the prior visit. The injured worker had right knee pain, which was improved from the prior visit. The physical exam revealed grade 2 tenderness to palpation over the lumbar paraspinal muscles, which was unchanged from the prior visit, and restricted range of motion. There was grade 2 tenderness to palpation of the bilateral shoulders/arms, which was unchanged from the prior visit. There was grade 1-2 tenderness to palpation of the right knee, which was slightly decreased from the last visit. The treatment plan includes hold physical therapy at this time, pain medication, Fluriflex and TGHOT creams, a replacement lumbosacral support, and a functional capacity evaluation. On November 4, 2014, the injured worker submitted an application for IMR for review of a request for 1 lumbar spine support custom made (replacement), a prescription for 60 tablets of Ultram 50mg, a prescription for 180 grams of Fluriflex, a prescription for 180 grams of TGHOT, and a request for 1 functional capacity evaluation (FCE). The lumbar spine support was non-certified based on the lack of a diagnosis recommended for treatment by the guidelines. The Ultram was non-certified based on the injured

worker was not in moderate to severe pain at the time of his exam on September 12, 2014, and the lack of evidence of failure of a previous first-line analgesic/treatment. The Fluriflex was non-certified based on one component of the cream (Flurbiprofen) is not recommended for topical treatment, and a lack of clinical evidence to support the topical use of another component (cyclobenzaprine). The TGHOT was non-certified based on the lack of scientific evidence to support the use of four of the components of the cream (Tramadol, Gabapentin, Menthol, and Capsaicin) in a topical setting. The functional capacity evaluation was non-certified based on the lack of evidence of prior unsuccessful attempts to return to work or conflicting medical reporting on precautions and/or fitness for modified duty. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, ACOEM (American College of Occupational and Environmental Medicine) Guidelines, and Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LS Support, Custom made:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Regarding the request for LS support, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of relief and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested LS support is not medically necessary.

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Ultram, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function

or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram is not medically necessary.

**Fluriflex 180g:** Upheld

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

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

**Decision rationale:** Regarding the request for Fluriflex, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Fluriflex is not medically necessary.

**TGHot Cream 180g:** Upheld

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

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

**Decision rationale:** Regarding the request for TG Hot, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Gabapentin not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested TG Hot is not medically necessary.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Fitness for Duty Chapter, Functional Capacity Evaluation

**Decision rationale:** Regarding request for functional capacity evaluation, CA MTUS and ACOEM state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that the criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that the patient is close to or at maximum medical improvement with case management hampered by complex issues as outlined above. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.