

<b>Case Number:</b>	CM14-0196252		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, 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 55 year old female with date of injury 12/20/13. The treating physician report dated 9/29/14 indicates that the patient presents with pain affecting the lower back and left ankle/foot. Pain levels are rated a 6-7/10 and has improved slightly since her last appointment. The physical examination findings reveal tenderness, restricted ranges of motion in the lumbar spine and trigger points are present. Prior treatment history includes physical therapy which has helped decrease pain, tenderness and spasms. The current diagnoses are: 1.Lumbosacral s/s with radiculitis2.Rule out L/S spine discogenic disease3.Rule out right wrist carpal tunnel syndrome4.Right wrist tenosynovitis5.Right wrist ganglion cyst6.Left ankle s/sThe utilization review report dated 10/27/14 denied the request for \_ Amitriptyline 10%/Dextromethorphan 10%/Gabapentin 10% in cream base 210 gm, and modified the request for 12 continued Physical Therapy sessions for Evaluation & Treatment of L/S, right wrist & left ankle to 6 sessions based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 continued physical therapy sessions for evaluation & treatment of lumbar spine (L/S), right wrist & left ankle: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with chronic lower back pain with radiculitis and left ankle/foot pain. The current request is for 12 continued physical therapy sessions for evaluation & treatment of l/s, right wrist & left ankle. The treating physician report dated 9/29/14 states, "The patient is to continue physical therapy for evaluation and treatment of the lumbar spine, right wrist and left ankle, 2 times a week for 6 weeks." The MTUS guidelines recommend physical therapy 8-10 sessions for myalgia and neuritis type conditions. In this case the utilization review physician authorized a modification for physical therapy for 6 visits. The current request is not supported by MTUS as the treating physician states that the patient has already received physical therapy, there is no documentation of a new injury or diagnosis and the current request exceeds the MTUS guidelines. Therefore the request is not medically necessary.

**1 prescription of Flurbiprofen 20%/Tramadol 20% in cream base 210 gm: Upheld**

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

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

**Decision rationale:** The patient presents with chronic lower back pain with radiculitis and left ankle/foot pain. The current request is for 1 prescription of Flurbiprofen 20%/Tramadol 20% in cream base 210 gm. The MTUS has the following regarding topical creams (page 111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, tramadol is an opioid and is not supported for topical applications. Therefore the request is not medically necessary.

**1 prescription of Amitriptyline 10%/Dextromethorphan 10%/Gabapentin 10% in cream base 210 gm: Upheld**

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

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

**Decision rationale:** The patient presents with chronic lower back pain with radiculitis and left ankle/foot pain. The current request is for 1 prescription of Amitriptyline 10%/Dextromethorphan 10%/Gabapentin 10% in cream base 210 gm. The MTUS has the following regarding topical creams (page 111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically

states that Gabapentin is not recommended under the topical analgesic section. Therefore the request is not medically necessary.

**90 Ibuprofen 800mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The patient presents with chronic lower back pain with radiculitis and left ankle/foot pain. The current request is for 90 Ibuprofen 800mg. The MTUS Guidelines regarding non-steroidal anti-inflammatory drugs (NSAIDs) on page 67 state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case the treating physician has indicated that the patient has decreased pain with increased function while on NSAIDs. The current request is medically necessary.