

<b>Case Number:</b>	CM14-0199485		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Family Practice, 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 injured worker is a forty-two year old male who sustained a work-related injury on September 8, 2011. A request for Tanadermal Cream: Flurido-A Cream 240 gm and 8 sessions of physical therapy to the lumbar spine was non-certified in Utilization Review (UR) on November 18, 2014. The UR physician utilized the California (CA) MTUS Chronic Pain Treatment guidelines and the Official Disability Guidelines (ODG) in the determination. In accordance with the CA MTUS guidelines, topical analgesics are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, when any compounded product that contains at least one drug (or drug class) that is not recommended the compounded medication is not recommended. The UR physician determined that the only FDA-approved topical NSAID is diclofenac. Flurbiprofen is not recommended and therefore the request for Tanadermal cream was non-certified. With regard to the request for eight sessions of physical therapy, the UR physician determined that according to the CA MTUS, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling pain, inflammation, and swelling. The UR physician found that the injured worker was three years past the date of injury and it would be reasonable to expect that he had received conservative therapy by this point. In addition, the documentation submitted for UR did not establish if the injured worker had participated in previous physical therapy and if so whether there was any objective functional improvement. A request for independent medical review (IMR) was initiated on November 25, 2014. A review of the medical documentation submitted for IMR included a physician's evaluation of December 3, 2014. This evaluation was conducted after the request for the treatment and after the date of UR non-certification. During the December 3, 2014 evaluation, the injured worker's provider documented that the injured worker had very severe left knee and low back pain which was rated

a 7-8 on a 10 point scale. Diagnoses associated with this visit included ACL tear of the left knee, lumbar spine myoligamentous sprain/strain and status post an ACL reconstruction of the left knee. There was not medical documentation provided of medical evaluations which occurred prior to the request for treatment.

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

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

**Transdermal cream: Flurilido-A-Cream( Fluribiprofen20%, Lidocaine 5%, Amitriptyline 5%): 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): 111-112.

**Decision rationale:** According to guidelines topical analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Amitriptyline is not supported thus not medically necessary.

**Physical therapy 2x/wk x 4 wks for the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

**Decision rationale:** Based on guidelines physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement. There should be a home exercise program. Based on the medical records there is no documentation that the patient has had physical therapy before with improvement or if there is a home exercise program and thus not medically necessary.