

<b>Case Number:</b>	CM15-0107963		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	12/10/2014
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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

### 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 44 year old male, who sustained an industrial injury on 12/10/14. He has reported initial complaints of left finger and low back pain after injury at work. The diagnoses have included lumbar sprain/strain, lumbar Herniated Nucleus Pulposus (HNP) and left hand strain/sprain. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, and acupuncture. Currently, as per the physician progress note dated 4/10/15, the injured worker complains of intermittent low back pain which has decreased but has constant left hand pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left hand dated 3/11/15 and Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/11/15. The objective findings reveal the notes of the physician regarding the Magnetic Resonance Imaging (MRI) of the lumbar spine and the left wrist. The lumbar spine Magnetic Resonance Imaging (MRI) shows disc herniations and the left wrist Magnetic Resonance Imaging (MRI) shows subchondral cyst. There were no other clinical findings noted. There was previous therapy sessions noted in the records. Work status is to remain off work. The physician requested treatments included Physical therapy x 16 for the lumbar spine, Physical therapy x 16 for the left wrist, Acupuncture x 8, Urine analysis, Topical compound: Tramadol/Gabapentin/Cyclobenzaprine/Lidocaine 120mg and Topical compound: Flurbiprofen/Capsaicin/Menthol/Camphor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 16 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, 99.

**Decision rationale:** The current request is for Physical therapy x 16 for the lumbar spine. The RFA is dated 04/10/15. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, and acupuncture. The patient remains off work. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 04/10/15, the patient presents with low back and left wrist pain. Under physical examination the treater notes that the Left wrist Magnetic Resonance Imaging (MRI) showed subchondral cyst and the Magnetic Resonance Imaging (MRI) of the lumbar spine showed mild 1.5-3.0 mm disc protrusions. According to Doctor's First Report dated 03/06/15, the patient was recommended for 12 PT sessions. The UR states that the request was modified to 6 sessions. On 04/10/15, the treater requested 16 PT sessions. There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the treater's request substantially exceeds what is recommended by MTUS for Myalgia and myositis type symptoms. There is no report of recent surgery, new injury, new diagnoses, or new examination findings to substantiate the current request. The requested physical therapy is not medically necessary.

**Physical therapy x 16 for the left wrist: 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, 99.

**Decision rationale:** The current request is for Physical therapy x 16 for the left wrist. The RFA is dated 04/10/15. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, and acupuncture. The patient remains off work. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 04/10/15, the

patient presents with low back and left wrist pain. Under physical examination the treater notes that the Left wrist Magnetic Resonance Imaging (MRI) showed subchondral cyst and the Magnetic Resonance Imaging (MRI) of the lumbar spine showed mild 1.5-3.0 mm disc protrusions. According to Doctor's First Report dated 03/06/15, the patient was recommended for 12 PT sessions. The UR states that the request was modified to 6 sessions. On 04/10/15, the treater requested 16 PT sessions. There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the treater's request substantially exceeds what is recommended by MTUS for Myalgia and myositis type symptoms. There is no report of recent surgery, new injury, new diagnoses, or new examination findings to substantiate the current request. The requested physical therapy is not medically necessary.

**Acupuncture x 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture Page(s): 8.

**Decision rationale:** The current request is for Acupuncture x 8. The RFA is dated 04/10/15. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, and acupuncture. The patient remains off work. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. According to Doctor's First Report dated 03/06/15, treatment plan included 6 Acupuncture treatments. The UR states that the request was modified to an initial trial of 3 treatments. It is unclear if the patient participated in the previously approved 3 treatments. On 04/10/15, the treater requested 8 Acupuncture visits. In this case, the requested 8 sessions exceeds what is recommended by MTUS and there is no discussion of functional improvement to allow for extended treatment. This request is not medically necessary.

**Urine analysis:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

**Decision rationale:** The current request is for Urine analysis. The RFA is dated 04/10/15. Treatment to date has included medications, activity modifications, diagnostics, physical

therapy, and acupuncture. The patient remains off work. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users. ODG under the Pain Chapter, under Urine Drug Testing has the following: "Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at 'high risk' of adverse outcomes may require testing as often as once per month. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." The patient has a date of injury of 12/10/14 and, thus far, the only medications prescribed have included topical compound creams. MTUS and ODG allows for UDS for medication compliance checks for patients that are on an opiate regimen. The requested UDS is not medically necessary.

**Topical compound: Tramadol/Gabapentin/Cyclobenzaprine/Lidocaine 120mg: 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.

**Decision rationale:** The current request is for Urine analysis. The RFA is dated 04/10/15. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, and acupuncture. The patient remains off work. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "Recommended as an option as indicated below. 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; (Namaka, 2004) ...Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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; Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per report 04/10/15, the patient presents with low back and left wrist pain. Under physical examination the treater notes that the Left wrist Magnetic Resonance Imaging (MRI) showed subchondral cyst and the Magnetic Resonance Imaging (MRI) of the lumbar spine showed mild 1.5-3.0 mm disc protrusions. This appears to be an initial request as prior reports do not discuss this topical cream. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion, gel or cream form, per MTUS. Furthermore, Gabapentin and Cyclobenzaprine are not recommended for topical formulation. This request is not medically necessary.

**Topical compound: Flurbiprofen/Capsaicin/Menthol/Camphor: Overturned**

**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.

**Decision rationale:** Topical compound: Flurbiprofen/Capsaicin/Menthol/Camphor. The current request is for Urine analysis. The RFA is dated 04/10/15. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, and acupuncture. The patient remains off work. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111, For capsaicin, which is a nonsteroidal anti-inflammatory agent, the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. Per report 04/10/15, the patient presents with low back and left wrist pain. Under physical examination the treater notes that the Left wrist Magnetic Resonance Imaging (MRI) showed subchondral cyst and the Magnetic Resonance Imaging (MRI) of the lumbar spine showed mild 1.5-3.0 mm disc protrusions. This appears to be an initial request as prior reports do not discuss this topical cream. This patient presents with wrist pain and MTUS allows for the use of topical NSAID for peripheral joints like elbow, knee, wrists, and ankle. Given the patient wrist pain, the compound topical cream trial is indicated. Provided this is a new medication, documentation of medication efficacy can be provided in subsequent reports. This request is medically necessary.