

<b>Case Number:</b>	CM15-0109044		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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:

This 55-year-old male sustained an industrial injury on 4/30/12. He subsequently reported back pain. Diagnoses include displacement of thoracic/ lumbar intervertebral disc without myelopathy. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience chronic low back pain. Upon examination, there was tenderness of the lumbar spine paraspinal muscles and at the right SI joint. There were decreased reflexes of the bilateral knees and ankles and decreased sensation at L4, L5 and S1. Lower extremity muscle strength was rated at 4/5. A request for Physical therapy x 8 visits, Acupuncture x 8 visits, Mariner's Neuropathic Topical Cream (Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2%), Lidoderm Patches disp x 30 with 1 refill, Ibuprofen and Tylenol was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 8 visits:** Overturned

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

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

**Decision rationale:** The patient presents with pain in bilateral wrists, worse on right, with numbness and tingling in the digits of both hands. The request is for PHYSICAL THERAPY X 8 VISITS. The request for authorization is dated 04/27/15. MRI of the cervical spine, 09/24/13, shows multilevel degenerative changes of the cervical spine with mild spinal canal stenosis from C3-C4 through C5-C6. Physical examination reveals tender over the PSM from C3/4 to C6/7 bilaterally. Positive cervical facet joint tests laterally. Tender over cervical PSM. Decreased cervical AROM. Trigger point palpated. Positive Spurling test. Per progress report dated 04/27/15, the patient is P&S. 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." Treater does not discuss the request. Review of provided medical records show no evidence of prior Physical Therapy sessions. Given the patient's condition, a short course of Physical Therapy would be indicated. In this case, the request for 8 visits of Physical Therapy is within MTUS guidelines indication for non post-op conditions. Therefore, the request IS medically necessary.

**Acupuncture x 8 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient presents with pain in bilateral wrists, worse on right, with numbness and tingling in the digits of both hands. The request is for ACUPUNCTURE X 8 VISITS. The request for authorization is dated 04/27/15. MRI of the cervical spine, 09/24/13, shows multilevel degenerative changes of the cervical spine with mild spinal canal stenosis from C3-C4 through C5-C6. Physical examination reveals tender over the PSM from C3/4 to C6/7 bilaterally. Positive cervical facet joint tests laterally. Tender over cervical PSM. Decreased cervical AROM. Trigger point palpated. Positive Spurling test. Per progress report dated 04/27/15, the patient is P&S. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. In this case, it appears the treater is initiating a trial of acupuncture for the patient's symptoms. Review of provided medical records does not indicate the patient previously receiving any acupuncture treatments. Given patient's condition, a trial of acupuncture would be indicated by MTUS guidelines. However, the request for 8 treatments of acupuncture exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

**Mariner's Neuropathic Topical Cream (Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2%):** 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 patient presents with pain in bilateral wrists, worse on right, with numbness and tingling in the digits of both hands. The request is for MARINER'S NEUROPATHIC TOPICAL CREAM (FLURBIPROPHEN 10%, CYCLOBENZAPRINE 1%, GABAPENTIN 6%, LIDOCAINE 2%, and PRILOCAINE 2%). The request for authorization is dated 04/27/15. MRI of the cervical spine, 09/24/13, shows multilevel degenerative changes of the cervical spine with mild spinal canal stenosis from C3-C4 through C5-C6. Physical examination reveals tender over the PSM from C3/4 to C6/7 bilaterally. Positive cervical facet joint tests laterally. Tender over cervical PSM. Decreased cervical AROM. Trigger point palpated. Positive Spurling test. Per progress report dated 04/27/15, the patient is P&S. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater does not specifically discuss this medication. Patient has been prescribed compounded topical cream since at least 01/30/15. 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 Gabapentin and Cyclobenzaprine, which are not supported for topical use. Additionally, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Finally, this topical cream contains Lidocaine, and MTUS does not support any formulation of Lidocaine other than a patch. Therefore, the request IS NOT medically necessary.

**Lidoderm Patches disp x 30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 57.

**Decision rationale:** The patient presents with pain in bilateral wrists, worse on right, with numbness and tingling in the digits of both hands. The request is for LIDODERM PATCHES DISP X 30 WITH 1 REFILL. The request for authorization is dated 04/27/15. MRI of the cervical spine, 09/24/13, shows multilevel degenerative changes of the cervical spine with mild spinal canal stenosis from C3-C4 through C5-C6. Physical examination reveals tender over the PSM from C3/4 to C6/7 bilaterally. Positive cervical facet joint tests laterally. Tender over cervical PSM. Decreased cervical AROM. Trigger point palpated. Positive Spurling test. Per progress report dated 04/27/15, the patient is P&S. MTUS guidelines page 57 states, "topical

lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. . . A Trial of patch treatment is recommended for a short-term period (no more than four weeks). . . This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. . . The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). . . Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Treater does not specifically discuss this medication. The patient has been prescribed Lidoderm Patch since at least 01/30/15. In this case, the patient continues with localized peripheral pain. However, treater does not discuss or document pain reduction and functional improvement with use of Lidoderm Patches as required by ODG. Therefore, the request IS NOT medically necessary.

**Ibuprofen 800mg PRN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient presents with pain in bilateral wrists, worse on right, with numbness and tingling in the digits of both hands. The request is for IBUPROFEN 800MG PRN. The request for authorization is dated 04/27/15. MRI of the cervical spine, 09/24/13, shows multilevel degenerative changes of the cervical spine with mild spinal canal stenosis from C3-C4 through C5-C6. Physical examination reveals tender over the PSM from C3/4 to C6/7 bilaterally. Positive cervical facet joint tests laterally. Tender over cervical PSM. Decreased cervical AROM. Trigger point palpated. Positive Spurling test. Per progress report dated 04/27/15, the patient is P&S. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Patient has been prescribed Ibuprofen since at least 01/30/15. In this case, review of provided medical reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Ibuprofen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.

**Tylenol PRN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient presents with pain in bilateral wrists, worse on right, with numbness and tingling in the digits of both hands. The request is for TYLENOL PRN. The request for authorization is dated 04/27/15. MRI of the cervical spine, 09/24/13, shows multilevel degenerative changes of the cervical spine with mild spinal canal stenosis from C3-C4 through C5-C6. Physical examination reveals tender over the PSM from C3/4 to C6/7 bilaterally. Positive cervical facet joint tests laterally. Tender over cervical PSM. Decreased cervical AROM. Trigger point palpated. Positive Spurling test. Per progress report dated 04/27/15, the patient is P&S. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Patient has been prescribed Naproxen since at least 04/15/15. In this case, review of provided medical reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.