

<b>Case Number:</b>	CM15-0134837		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 48 year old female who sustained an industrial injury on 10/15/14. The injured worker was diagnosed as having cervical radiculopathy. Currently, the injured worker was with complaints of pain in the neck, right shoulder, wrist and hand. Previous treatments included physical therapy, oral pain medication, chiropractic treatments, and injection therapy. Previous diagnostic studies included a magnetic resonance imaging, electromyography, and nerve conduction velocity study. The injured work status was noted as working full duty. The injured workers pain level was noted as 8/10. Physical examination was notable for paraspinals and trapezius with tenderness to palpation, right trapezius with noted spasm, decreased sensation to the right C6-C8 dermatomes. The plan of care was for Compound cream: Capsaicin 0.05% and Cyclobenzaprine 4%, physical therapy 2 times a week for 4 weeks for the neck and right upper extremity, an orthopedic consultation and a pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream: Capsaicin 0.05% and Cyclobenzaprine 4%: 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): 111-113.

**Decision rationale:** The request is for Capsaicin 0.05% and Cyclobenzaprine 4%. The injured worker was with complaints of pain in the neck, right shoulder, wrist and hand. CA MTUS recommendations state that topical analgesics are largely experimental and primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. CA MTUS further states "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." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally, muscle relaxants are not supported by CA MTUS for topical use. As such, the request for Capsaicin 0.05% and Cyclobenzaprine 4% is not medically unnecessary.

**Physical therapy 2 times a week for 4 weeks for the neck and right upper extremity:**  
Overturned

**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 request is for physical therapy 2 times a week for 4 weeks for the neck and right upper extremity which the UR modified to physical therapy 2 times a week for 3 weeks for the neck and right upper extremity. The injured worker was with complaints of pain in the neck, right shoulder, wrist and hand. CA MTUS recommendations state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. There was a lack of objective measurements of the injured workers functional improvement. Provider documentation noted 4 previous physical therapy sessions with no relief. Additionally, the injured worker reported a prior low back injury for which she received physical therapy that completely resolved with physical therapy. It would appear that she has the potential to benefit from physical therapy. As such, the request for physical therapy 2 times a week for 4 weeks for the neck and right upper extremity is medically necessary.

**Ortho consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

**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, Office visits American College of Occupation and Environmental Medicine 2nd Edition (2004), Chapter 7.

**Decision rationale:** The request is for an orthopedic consultation. The injured worker was with complaints of pain in the neck, right shoulder, wrist and hand. American College of Occupation and Environmental Medicine (ACOEM) guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. Official Disability Guide (ODG) identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Rationale identifying the medical necessity of the orthopedic consultation was not given; there is no documentation or diagnosis that is uncertain or extremely complex. As such, the request for an orthopedic consultation is not medically necessary.

**Pain management consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The request is for a pain management consultation. The injured worker was with complaints of pain in the neck, right shoulder, wrist and hand. American College of Occupation and Environmental Medicine recommendations state that a "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." American College of Occupation and Environmental Medicine (ACOEM) guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. Official Disability Guide (ODG) identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Rationale identifying the medical necessity of the pain management consultation was not given; there is no documentation or diagnosis that is uncertain or extremely complex. As such, the request for a pain management consultation is not medically necessary.