

Case Number:	CM15-0136012		
Date Assigned:	07/24/2015	Date of Injury:	02/27/2009
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/14/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 50 year old female, who sustained an industrial injury on February 27, 2009. She reported an acute stress reaction. The injured worker was diagnosed as having cervical spine musculoligamentous sprain/strain rule out herniated nucleus pulposus (HNP), left upper extremity radiculopathy, left shoulder internal derangement with partial rotator cuff tear, right shoulder musculoligamentous sprain/strain, anxiety, depression, insomnia, hypertension, diabetes, gastroesophageal reflux/gastrointestinal (GI) all secondary to the industrial injury. Treatments and evaluations to date have included x-rays, MRIs, ultrasounds, electromyography (EMG)/nerve conduction velocity (NCV), physical therapy, psychological therapy, home exercise program (HEP), and medication. Currently, the injured worker complains of frequent headaches, constant neck pain rated 7/10 that radiated down the bilateral shoulders to the bilateral hands with numbness and tingling sensations, constant bilateral shoulder pain rated 7/10 with associated numbness and tingling, tooth pain, gastrointestinal (GI) problems, anxiety, depression, stress, and insomnia. The Primary Treating Physician's report dated May 27, 2015, noted the injured worker's current medications as Voltaren ER and topical creams for pain management, currently attending physical therapy treatment two times a week and doing a home exercise program. Physical examination was noted to show limited range of motion (ROM) of the cervical spine and lumbar spine, with positive Spurling's test bilaterally, straight leg raise positive bilaterally, limited left shoulder range of motion (ROM), weakness in the bilateral upper and lower extremities, and sensory deficit noted in the bilateral upper and lower extremities. The injured worker was noted not to have worked since 2009, presenting unchanged. The injured

worker reported physical therapy was helping her, with recommendation to continue with physical therapy for the cervical spine at two times a week for four weeks. The injured worker received prescriptions for Voltaren ER, Medrox patches, and topical creams. Requests for authorization were requested for a return appointment, interpreting services, continued physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Cervical Spine, 8 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, Physical Therapy (PT).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The guidelines note that passive therapy can provide short term relief during the early phases of pain Management, and active therapy can be beneficial for restoring flexibility, strength, endurance, function, and range of motion (ROM), and can alleviate discomfort. According to the ODG, physical therapy (PT) is recommended for mechanical disorders of the neck, with therapeutic exercises demonstrating clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. The injured worker was noted to have received physical therapy from March 18, 2015 to May 20, 2015, for a total of 16 visits. The physical therapy discharge note noted the injured worker reported her left shoulder and neck improved with physical therapy allowing for improved functional reaching and lifting ability and tolerance. The injured worker was noted to have improved from severe limitations in recreational exercise to moderate limitation, and from severe limitation with lifting, and reaching to mild limitations. The injured worker's activities of daily living were noted to have improved from moderate limitations to mild limitations. The cervical spine range of motion (ROM) was noted to improved 25 % in flexion and bilateral side bending, and 40 % in extension and bilateral rotation, with improved gross strength in all fields. The right shoulder was also noted to have measurable improvements in all range of motion and gross strength fields. The injured worker's potential to reach the goals set by physical therapy was noted to be good. The goals met included the injured worker's independence in home exercise program, decreased pain measured by the visual analog scale, and improved posture and body mechanics. The goals in progress included participation in full recreational activities, increased ROM and strength to within normal limits and decreased pain reported during functional activities. Based on the guidelines and the objective, measurable improvements noted in the injured worker's strength, ROM, function, and progress toward goals, the request for Physical Therapy, Cervical Spine, and 8 sessions is medically necessary.

Medrox patches, Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Capsaicin, Salicylate topicals, Topical analgesics.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The MTUS notes topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Medrox is a compounded medication containing Capsaicin, Methyl Salicylate, and Menthol as its active ingredients. The ODG notes that Capsaicin is only recommended when other, conventional treatments have failed. A new alert from the FDA warns that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The documentation provided did not include evidence of the injured worker's failure with conventional treatments, with documentation that the injured worker was noted to have shown improvements in her pain and function with physical therapy and oral medications. The documentation lacks the symptoms the patches were being prescribed for, and the prescription failed to include the site of application. Medical necessity for the requested topical medication is not established. The requested Medrox patches are not medically necessary.

Flurbiprofen 20% cream 120 gm Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. In this case, there is no documentation provided necessitating Flurbiprofen 20% cream. There is no documentation of intolerance to other previous medications. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another

two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). In this case, this prescription did not include the site of application. Medical necessity for the requested Flurbiprofen 20% cream has not been established. Therefore it is not medically necessary.

Ketoprofen 20%, Ketamine 10%, cream 120 gm, Qty 1: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The requested compounded cream includes Ketoprofen and Ketamine as active ingredients. The guidelines note that Ketoprofen is not FDA approved for topical application, and has an extremely high incidence of photo-contact dermatitis. Ketamine is only recommended for "treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted". As the compounded medication contains Ketoprofen, which is not approved for topical application, the entire compounded medication is not recommended. Therefore, based on the guidelines, the request for Ketoprofen 20%, Ketamine 10%, cream 120 gm is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream, 120 gm Qty 1: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested compounded topical agent contains Gabapentin 10%, Cyclobenzaprine 10%, and Capsaicin 0.0375%. Gabapentin is not FDA approved for a topical application. There is no peer-reviewed literature to support its use.

Cyclobenzaprine is not FDA approved for use as a topical application. There is no evidence for the use of any muscle relaxant as a topical agent. The guidelines note that Capsaicin is only recommended when other, conventional treatments have failed. As the requested compounded cream includes drugs noted to not be recommended, the entire compounded cream is also not recommended. Medical necessity for the requested topical analgesic cream has not been established. The request for the compounded topical analgesic cream is not medically necessary.