Case Number:	CM15-0147600		
Date Assigned:	08/10/2015	**Date of Injury:**	03/03/2015
Decision Date:	09/08/2015	**UR Denial Date:**	07/22/2015
Priority:	Standard	**Application Received:**	07/29/2015

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 Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old female who sustained an industrial injury on 03-03-2015 when she fell in the parking lot. The injured worker was diagnosed with cervical spine sprain and strain, thoracic sprain and strain, lumbar spine sprain and strain, bilateral shoulder sprain and strain, bilateral knee contusion and left ankle-foot pain. No surgical interventions were performed. The injured worker has a history of bilateral carpal tunnel syndrome. Treatment to date has included diagnostic testing with recent Electromyography (EMG) and Nerve Conduction Velocity (NCV) on April 27, 2015, conservative measures, wrist braces, physical therapy and medications. According to the primary treating physician's progress report on June 25, 2015, the injured worker continues to experience neck, low back, bilateral hand and knee pain rated at 8 out of 10 on the pain scale and bilateral foot pain rated at 8-9 out of 10 on the pain scale. Examination of the bilateral shoulders revealed slight tenderness at the acromioclavicular joint and anterior labrum bilaterally with negative impingement signs and full range of motion. Palpation of the bilateral wrists indicated slight medial and lateral tenderness bilaterally with full range of motion and positive Phalen's test bilaterally. The cervical spine noted slight tenderness to palpation of the paravertebral muscles with guarding and spasms bilaterally. Cervical flexion was noted at 40 degrees, extension at 50 degrees, and bilateral lateral rotation at 70 degrees and lateral flexion at 35 degrees. The thoracic spine revealed full range of motion with slight paraspinal tenderness, guarding and spasms. The lumbar examination noted mild paraspinal muscle tenderness, guarding and spasms with range of motion documented as lumbar flexion at 50 degrees, extension at 20 degrees and bilateral lateral bending at 15 degrees each. Seated and supine straight leg raise were negative bilaterally. The

bilateral knees were noted to have minimal tenderness at the medial and lateral peripatellar areas bilaterally with McMurray's test with interior rotation and external rotation being positive on both knees. Range of motion was intact. The left ankle had severe tenderness at the medial and lateral areas with a well-healed incision from a previous injury. Talar tilt test was negative bilaterally with diminished range of motion on plantar flexion, inversion and eversion. Evaluation noted the injured worker to be overweight with an antalgic gait favoring the left. Current medications are listed as Nabumetone and Orphenadrine. Treatment plan consists of orthopedic consultation and the current request for physical therapy 8 sessions to the cervical, thoracic and lumbar spine, bilateral shoulders, wrists, bilateral knees, and bilateral ankles/feet, TGIce (tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%) apply 2-3 times a day to affected areas and Flurbiprofen 20% apply 2-3 times a day to affected areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions 2x4 cervical spine, thoracic spine, lumbar spine, bilateral shoulders, wrists, bilateral knees, and bilateral ankles/feet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for physical medicine.

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

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)." There is no clear documentation on number, efficacy, and outcome of previous physical therapy sessions. There are no recent objective findings that support musculoskeletal dysfunction requiring additional physical therapy. There is no documentation that the patient cannot perform home exercise.

Therefore, the request for Physical therapy 8 sessions 2x4 cervical spine, thoracic spine, lumbar spine, bilateral shoulders, wrists, bilateral knees, and bilateral ankles/feet is not medically necessary.

TGIce (tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%) apply 2-3 times a day to effected area: 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: TGIce is a topical analgesic formed by tramadol, Gabapentin, Menthol and Camphor cream. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not approved for transdermal use. There is no proven efficacy of transdermal Tramadol. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of TGIce is not medically necessary.

Flurbiprofen 20% apply 2-3 times a day to effected area: 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Flurbiprofen is not approved for transdermal use. Furthermore, there is no documentation of failure or adverse reaction from its oral use. Based on the above, the use of Flurbiprofen 20% is not medically necessary.