

<b>Case Number:</b>	CM15-0160780		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Arizona

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 55-year-old male who sustained an industrial injury on July 17, 2013 resulting in neck, chest, and right shoulder pain. Diagnoses have included blunt chest injury, anterior dislocation of the right shoulder, right hemopneumothorax, rib fractures 3 through 6, pneumomediastinum, closed fracture of the greater tuberosity of the right humerus, sternal fracture, right internal mammary artery injury, and status post right thoracostomy tube replacement. Documented treatment includes fixation of his sternal fracture, acupuncture, chiropractic therapy, physical therapy, extracorporeal shockwave treatment with mention of improvement, and medication. The injured worker continues to present with pain in his right shoulder, neck, low back, and chest, and he is unable to stand or walk for extended periods of time. He is unable to lift, use stairs, or twist without experiencing pain, has difficulties performing activities of daily living, and he reports some areas of numbness. The treating physician's plan of care includes retroactive requests, which were denied for the following reasons: for Fluriflex and TG Hot, because topical analgesics are not recommended under these circumstances; a heating pad purchase denied due to availability of "everyday alternatives;" interferential unit purchase denied due to no documentation showing ongoing clinical conservative treatments. These were all requested April 16, 2014. He was also denied extracorporeal shock wave therapy requested March 11, 2014, urine toxicology for February 28, 2014 and January 29, 2015, and additional physical therapy sessions requested January 29, 2014 and February 28, 2014. He has not worked since July 2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retro (DOS 4/16/14): Topical Medication: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. This current request ("topical medication") does not provide dose, name, frequency, or duration. The request is not medically necessary or established.

### **Retro (DOS 07/16/14): Fluriflex: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. Fluriflex contains flurbiprofen (an NSAID) and cyclobenzaprine (a muscle relaxant). MTUS guidelines do not recommend cyclobenzaprine for topical use. Regarding Flurbiprofen, topical NSAIDs have been shown in meta analyses to be superior to placebo during the first two weeks for treatment of osteoarthritis pain. There is no significant mention of osteoarthritis as the primary source generator of the injured workers pain. This request is not medically necessary based on the above.

### **Retro (DOS 7/16/14): TGHOT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. TG Hot components include Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, and Capsaicin 0.05%. Topical salicylates are recommended. Tramadol is not recommended as a first line therapy. Gabapentin: Not recommended. There is no peer reviewed literature to support use. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Evidence does not support those formulations greater than 0.25% provide greater efficacy. This request is not medically necessary based on the above.

**Retro (DOS 4/16/14): Heating Pad (purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Heat/Cold packs.

**Decision rationale:** Occupational Medicine Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with a program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. This injured worker is suffering from chronic pain. A heating pad purchase is therefore not medically necessary or appropriate per applicable guidelines.

**Retro (DOS 4/16/14): Interferential Unit (purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that TENS units can be utilized for the relief of musculoskeletal pain. It is recommended that there should be an initial 1 month trial of the use of a TENS unit. The modality of the utilization of the use of the TENS unit should be documented. The guidelines recommend that the TENS units can then be

purchased or authorized for long-term use if there is documentation of pain relief, improved function with range of motion, and reduction in medication utilization. There should be mention of outcomes as it pertains to pain improvement using validated measures, and mention of ongoing conservative care with electrical therapy used as an adjunct as part of functional restoration. At this time, the request is not medically necessary and has not been established.

**Retro (DOS 01/29/14): Fluriflex 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. Fluriflex contains flurbiprofen (an NSAID) and cyclobenzaprine (a muscle relaxant). MTUS guidelines do not recommend cyclobenzaprine for topical use. Regarding Flurbiprofen, topical NSAIDs have been shown in meta analyses to be superior to placebo during the first two weeks for treatment of osteoarthritis pain. There is no significant mention of osteoarthritis as the primary source generator of the injured workers pain. This request is not medically necessary based on the above.

**Retro (DOS01/29/14): TGHot 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. TG Hot components include Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, and Capsaicin 0.05%. Topical salicylates are recommended. Tramadol is not recommended as a first line therapy. Gabapentin: Not recommended. There is no peer reviewed literature to support use. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Evidence does not support those formulations greater than 0.25% provide greater efficacy. This request is not medically necessary based on the above.

**Retro (DOS 01/29/14) Physical Therapy 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Procedure Summary, Procedure Topic: Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy.

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. This injured worker suffered blunt trauma and has ongoing pain. ODG guidelines do support six visit clinical trials of therapy for acute flares of pain. This requests the ODG recommendations. Furthermore, this particular request does not specify a body part for treatment. At this time, this request is not medically necessary or certified.

**Retro (DOS 01/29/14): Extracorporeal Shock Wave Therapy (ECSWT) (duration & frequency unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (Online Version), Extracorporeal Shock Wave Therapy (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESWT.

**Decision rationale:** Per guideline criteria, there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, TENS units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. The ODG note that extracorporeal shock wave therapy is recommended for patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. The ODG states ESWT is not recommended for the lumbar spine, and the CA MTUS do not discuss ESWT for the cervical or lumbar spine. This particular request does not have a duration or frequency specified. Also, ESWT has not shown to be effective for cervical or lumbar spine conditions; two areas of pain the injured worker deals with. There is no clear rationale for ESWT at this time and as such, this request is not medically necessary.

**Retro (DOS 02/28/14): Physical Therapy for Evaluation & treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. This injured worker suffered blunt trauma and has ongoing pain. ODG guidelines do support six visit clinical trials of therapy for acute flares of pain. This requests the ODG recommendations. Furthermore, this particular request does not specify a body part for treatment. At this time, this request is not medically necessary or certified.

**Retro (DOS 1/29/15, 2/28/14): Urine Toxicology: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Urine Toxicology.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, indicators for addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug screening.

**Decision rationale:** According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. This injured worker has been on opiates in the past, and ongoing monitoring to ensure appropriate use is indicated given the severity of injuries sustained. Medical necessity has been established in this case. Therefore, the request is medically necessary.