

<b>Case Number:</b>	CM15-0163818		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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:

The injured worker is a 64 year old male, who sustained an industrial injury on January 31, 2012. He reported right wrist, low back, right knee, and right leg pain. The injured worker was diagnosed as having lumbar strain failed conservative care, right wrist sprain, right leg contusion with swelling and posterior popliteal pain-rule out mass or lesion, and right wrist triangular fibrocartilage complex (TFCC) tear. Diagnostic studies to date have included MRIs. Treatment to date has included physical therapy, chiropractic therapy, work modifications, a steroid injection right wrist, right knee viscosupplementation injections, and medications including opioid analgesic and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: in 2002 and May 6, 2011. Comorbid diagnoses included history of hypertension and asthma. On June 10, 2015, the injured worker reported persistent neck pain, rated 2-3 out of 10. He reported lower back pain, rated 3-4 out of 10, which was improving with chiropractic treatment. He had completed 6 out of 6 treatments with increased range of motion, increased function, and pain relief. He reported continued, constant right wrist, right knee, and leg pain, rated 2-3 out of 10. His right leg was in a cast with 4-5 out of 10 pain. Rest, Tramadol and Motrin helped his pain. Activity worsens his pain. He is currently working. The physical exam revealed decreased lumbar range of motion, tenderness into the paraspinals, a positive right straight leg raise at 70 degrees into the posterior hip, and decreased sensation at right L4 (lumbar 4) and L5 (lumbar 5). There was decreased range of motion, tenderness to palpation over the dorsal carpals and extensor tendons, a positive right Finkelstein's, and normal strength and nerves of the right wrist. There was mildly decreased range of motion of the right knee with

tenderness to palpation over the medial joint line, a positive patellofemoral grind test, and normal strength with flexion and extension. His work status is full duty. The treatment plan included an additional 12 sessions of chiropractic, Flurbiprofen-Baclofen-Lidocaine cream (20%-5%-4%), and a urine toxicology screen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 chiropractic sessions: Overturned**

**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): Manual therapy & manipulation.

**Decision rationale:** Based on the 06/10/15 progress report provided by treating physician, the patient presents with pain to the neck, back, right wrist, right knee and leg. The request is for 12 CHIROPRACTIC SESSIONS. RFA with the request not provided. Patient's diagnosis on 06/10/15 includes lumbar strain failed conservative care, rule out disc herniation; right wrist sprain; right leg contusion with swelling and posterior popliteal pain, rule out mass or lesion; and right wrist triangular fibrocartilage complex tear. Physical examination to the lumbar spine on 06/10/15 revealed tenderness to palpation to the paraspinal muscles and decreased range of motion. Treatment to date has included imaging studies, physical therapy, chiropractic, work modifications, a steroid injection right wrist, right knee viscosupplementation injections, and medications. Patient's medications include Tramadol, Motrin and topical cream. The patient is working full-duty. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Per 06/10/15 report, treater states "...lower back pain is at 3-4/10 that is improving with [the patient's] chiropractic treatment. [The patient] has done six out of six. [The patient] states that it gives him increase range of motion, increase function, and relief of pain... I would like to request an additional course of chiropractic treatment two times per week for six weeks to the lumbar spine in attempt to increase function, decrease pain, and keeps [the patient] working." MTUS allows up to 18 visits of 6-8 weeks with evidence of functional improvement. In this case, the patient is working and treater has documented efficacy of recently completed course of chiropractic therapy. The request for 12 additional chiropractic sessions is within guideline recommendation. Therefore, the request IS medically necessary.

#### **1 prescription for Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm: 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): Topical Analgesics.

**Decision rationale:** Based on the 06/10/15 progress report provided by treating physician, the patient presents with pain to the neck, back, right wrist, right knee and leg. The request is for 1

PRESCRIPTION FOR FLURBIPROFEN/BACLOFEN/LIDOCAINE CREAM (20%/5%/4%) 180GM. RFA with the request not provided. Patient's diagnosis on 06/10/15 includes lumbar strain failed conservative care, rule out disc herniation; right wrist sprain; right leg contusion with swelling and posterior popliteal pain, rule out mass or lesion; and right wrist triangular fibrocartilage complex tear. Physical examination to the lumbar spine on 06/10/15 revealed tenderness to palpation to the paraspinal muscles and decreased range of motion. Treatment to date has included imaging studies, physical therapy, chiropractic, work modifications, a steroid injection right wrist, right knee viscosupplementation injections, and medications. Patient's medications include Tramadol, Motrin and topical cream. The patient is working full-duty. MTUS, Topical Analgesics Section page 111 states: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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 lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. 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." Per 06/10/15 report, treater states, "I would like to request authorization for Flurbiprofen/Baclofen/ Lidocaine cream (20%/5%/4%) 180gm in an attempt to increase function and decrease pain." In this case, the Flurbiprofen portion of requested topical would appear to be indicated for the patient's knee and wrist condition, but treater has not specified where this topical is applied and with what efficacy. Furthermore, NSAID topical is only indicated for short-term duration. In addition, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. The requested compound cream also contains Lidocaine, which is not supported for topical use in lotion form according to MTUS. This request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

**1 urine toxicology screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

**Decision rationale:** Based on the 06/10/15 progress report provided by treating physician, the patient presents with pain to the neck, back, right wrist, right knee and leg. The request is for 1 URINE TOXICOLOGY SCREEN. RFA with the request not provided. Patient's diagnosis on 06/10/15 includes lumbar strain failed conservative care, rule out disc herniation; right wrist sprain; right leg contusion with swelling and posterior popliteal pain, rule out mass or lesion; and right wrist triangular fibrocartilage complex tear. Physical examination to the lumbar spine on 06/10/15 revealed tenderness to palpation to the paraspinal muscles and decreased range of motion. Treatment to date has included imaging studies, physical therapy, chiropractic, work modifications, a steroid injection right wrist, right knee viscosupplementation injections, and medications. Patient's medications include Tramadol, Motrin and topical cream. The patient is working full-duty. MTUS, Drug Testing Section pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, CRITERIA FOR USE OF OPIOIDS Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the

presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Treater requested authorization for UDS on 06/10/15 report. Per 08/06/15 report, treater states "The results of the patient's last urine toxicology show that we prescribed Tramadol, but it was not detected, as the patient only takes it on an as needed basis." ODG allows for once yearly screening for low risk patients. There is no indication of a UDS prior to the one discussed on 08/06/15. Given the patient is undergoing opioid therapy, the request for 1 Urine IS/WAS medically necessary.