

<b>Case Number:</b>	CM15-0165059		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2015

### 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 61-year-old female, with a reported date of injury of 04-11-2012. The diagnoses include head pain, status post blunt head injury, rule out bilateral hearing loss, cervical spine strain and sprain, cervical spine disc protrusion with radiculopathy, thoracic spine strain and sprain, lumbar spine strain and sprain, lumbar spine disc protrusion, abdominal pain, bilateral shoulder strain and sprain, right shoulder adhesive capsulitis, status post right shoulder surgery, right shoulder rotator cuff tear and bursitis and tendinosis, bilateral elbow strain and sprain, bilateral elbow lateral epicondylitis, bilateral wrist strain and sprain, bilateral wrist carpal tunnel syndrome, bilateral knee strain and sprain, bilateral knee contusion, rule out right knee internal derangement, right ankle strain and sprain, and right foot contusion. Treatments and evaluation to date have included medications and right shoulder surgery. It was noted that the diagnostic studies to date included an MRI of the cervical spine on 12-14-2012 which showed cervical spine disc protrusion with radiculopathy; an MRI of the lumbar spine on 02-20-2013 which showed lumbar spine disc protrusions; an MRI of the right shoulder on 12-14-2012 which showed rotator cuff tear and bursitis and tendinosis; and electrodiagnostic studies of the bilateral wrist on 01-07-2013 which showed bilateral carpal tunnel syndrome. The progress report dated 07-01-2015 indicates that the injured worker complained of headaches, pain in the neck with radiation, mid and upper back pain, low back pain with radiation, bilateral shoulder pain, bilateral elbow pain, bilateral knee pain, and right ankle and foot pain. The injured worker also complained of pain and numbness in the bilateral wrists. She rated her headaches, neck pain, mid and upper back pain, bilateral shoulder pain, bilateral elbow pain, left wrist pain, and left

knee pain 8 out of 10, which had increased from 6 out of 10 on the last visit; her low back pain and right knee pain was rated 9 out of 10, which had increased from 6 out of 10 on the last visit; and rated her right ankle and foot pain 8 out of 10, which had increased from 6-7 out of 10 on the last visit. The objective findings include tenderness to palpation over the cervical paraspinal muscles; restricted cervical range of motion; positive cervical compression test; tenderness to palpation over the thoracic paraspinal muscles; tenderness to palpation over the lumbar paraspinal muscles; restricted lumbar range of motion; positive bilateral straight leg raise test, right greater than left; tenderness to palpation of the bilateral shoulders; restricted bilateral shoulder range of motion; positive impingement and supraspinatus tests; tenderness to palpation of the bilateral elbows; tenderness to palpation of the bilateral wrists; and positive Tinel's sign and Phalen's test; tenderness to palpation of the bilateral knees; positive McMurray's test on the right; tenderness to palpation of the right ankle; and tenderness to palpation of the right foot. The tenderness to palpation of all areas had remained the same since the last visit. The injured worker remained temporarily totally disabled from 07-01-2015 until 08-14-2015. It was noted that she was approaching maximum medical improvement from a conservative perspective. The request for authorization was dated 07/01/2015. The treating physician prescribed Flurbi (NAP) Cream-LA (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%) 180 grams; Gabacyclotram (Gabapentin 10%-Cyclobenzaprine 5%-Tramadol 10%) 180 grams, to apply a thin layer to the affected areas 2-3 times a day; a physical performance functional capacity evaluation to ensure that the injured worker could safely meet the physical demands of her occupation; and urine toxicology testing for medication monitoring. On 07-23-2015, Utilization Review non-certified the request for Flurbiprofen-Lidocaine-Amitriptyline Topical Cream, Gabapentin-Cyclobenzaprine-Tramadol Topical Cream since the ingredients of the compounded medications are not recommended by the MTUS, Physical performance functional capacity evaluation since the guidelines do not recommend functional capacity evaluation for the sole purpose to determine a worker's effort or compliance, and urine toxicology due to no evidence of a high risk of addiction, a history of aberrant behavior, or a history of substance dependence.

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

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

**Flurbiprofen/Lidocaine/Amitriptyline/cream:** 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:** Analgesics Page 111: 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 request is for topical Flurbiprofen (an NSAID), Lidocaine, and Amitriptyline (a tricyclic antidepressant). Topical Flurbiprofen is not recommended for chronic

use due to side effect profile. Evidence points to topical NSAIDs as superior to placebo for acute pain, within the first two weeks of treatment. This injured worker has chronic pain. Topical lidocaine is approved for use and/or has been found effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and is approved for use in patch form. Topical Amitriptyline has not been shown in RCT studies to be effective, and is not recommended by guidelines. This request as a result, is not certified and therefore is not medically necessary.

**Functional Capacity Evaluation:** Overturned

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

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

**Decision rationale:** Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job. Consider an FCE if: Case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precaution and/or fitness for modified work, and injuries that require detailed exploration of the workers abilities. Within the submitted records, the purpose of the FCE order is to determine if the injured worker can safely meet the demands of her occupation. The Physician wishes to know if the injured worker can perform work activities, and given her multitude of injuries, it would be appropriate to have a detailed exploration of the workers abilities, as guidelines suggest. This request is reasonable and certified and therefore is medically necessary.

**Urine toxicology:** 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): 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. There is no mention of aberrant drug taking behaviors, or high risk for abuse of controlled substances. This request is non-certified as urine screens simply for medication monitoring, as mentioned in the records, does not meet guideline criteria and therefore is not medically necessary.

**Gabapentin/Cyclobenzaprine/Tramadol topical cream:** 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:** Analgesics Page 111: 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. Topical Gabapentin and Tramadol are not recommended by MTUS guidelines, and neither is topical cyclobenzaprine (a muscle relaxant). Topical Gabapentin, per guidelines, has not been shown to be effective. Medical necessity has not been established and therefore is not medically necessary.