

<b>Case Number:</b>	CM15-0181470		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 29, 2014. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for physical therapy for the back and a topical compounded agent. The claims administrator referenced an RFA form received on August 20, 2015 and an associated progress note of July 30, 2015 in its determination. The applicant's attorney subsequently appealed. On a July 22, 2015 office visit, the applicant was placed off of work, on total temporary disability. The applicant was asked to pursue a herniorrhaphy procedure. Medication selection and medication efficacy were not seemingly discussed on this date. On July 31, 2015, the applicant was asked to pursue group psychotherapy. On a Medical-legal Evaluation dated June 12, 2015, a medical-legal evaluator imposed permanent work restrictions. It was acknowledged that the applicant had not worked in some time. On May 7, 2015, topical compounded creams were endorsed, along with physical therapy, cervical MRI imaging, lumbar MRI imaging, and oral tramadol. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and ODG: Lumbar: Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** No, the request for physical therapy for the back in unspecified amounts was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that the value of physical therapy increases when an attending provider furnishes a prescription for therapy which clearly states treatment goals. Here, however, treatment duration and frequency were not furnished. Clear treatment goals were not, by definition, furnished. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, as reported by multiple providers in multiple specialties on multiple occasions, referenced above, including on May 7, 2015, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The applicant remained dependent on opioid agents such as tramadol as well as topical compounds such as the agent also at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

**Compound topical cream: TGIce (Tramadol 8%, Gabapentin 10%, Camphor 2%, Menthol 2% and Flurbiprofen):** 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:** Similarly, the request for a topical compounded tramadol-gabapentin-camphor-menthol-flurbiprofen-containing cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of first-line oral pharmaceuticals such as oral tramadol, per an RFA form of May 7, 2015, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.