

<b>Case Number:</b>	CM15-0183270		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/30/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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

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 44 year old male, who sustained an industrial-work injury on 3-30-15. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, bilateral radicular symptoms, bilateral shoulder sprain and strain, and cervical strain. Medical records dated (4-9-15 to 8-4-15) indicate that the injured worker complains of ongoing back pain, neck pain and bilateral shoulder pain. The pain is aggravated by activities such as lifting, pulling, pushing reaching and twisting. The pain is rated 5-6 out of 10 on pain scale. The medical records also indicate worsening of the activities of daily living. Per the treating physician, report dated 8-4-15 the work status is temporary total disability and he is not working. The physical exam dated 8-4-15 reveals that the shoulder exam shows tenderness to palpation, positive impingement test bilaterally, and decreased range of motion of the bilateral shoulders. The lumbar spine exam reveals decreased range of motion with flexion, extension and right and left lateral bending. The straight leg raise is positive bilaterally in sitting and supine positions and cross straight leg raising is positive. Treatment to date has included pain medication including Tramadol and Flexeril, diagnostics, Functional Capacity Evaluation (FCE), pain management, physical therapy (unknown amount), off of work and other modalities. The treating physician indicates that the urine drug test result dated 8-4-15 was consistent with the medication prescribed. The medical record dated 8-4-15 the physician indicates that the x-rays of the lumbar spine reveal "lumbar scoliosis, degenerative changes, osteophytes, and intervertebral disc space narrowing seen scattered." The physician indicates that X-rays of the bilateral shoulders were unremarkable. The request for authorization date was 8-11-15 and requested services included Flurbiprofen, Capsaicin, Camphor, Menthol cream, Chiropractic

sessions, Lumbar and Bilateral Shoulders, 3 times weekly for 4 weeks, 12 sessions and TENS (transcutaneous electrical nerve stimulation) unit- EMS (electrical muscle stimulation), with supplies, 1 month home-based trial. The original Utilization review dated 8-18-15 non-certified the request for Flurbiprofen, Capsaicin, Camphor, Menthol cream a per the guidelines there was no indication of intolerance to oral medications and no documentation of use of failure of first line agents used in the management of neuropathic pain. The request for Chiropractic sessions, Lumbar and Bilateral Shoulders, 3 times weekly for 4 weeks, 12 sessions was modified to a trail of 6 sessions as per the guidelines there is ongoing symptomology supported with objective findings on exam and failure of other options. The request for TENS (transcutaneous electrical nerve stimulation) unit- EMS (electrical muscle stimulation), with supplies, 1 month home-based trial is non-certified as there was no indication of failure of appropriate first line pain modalities per the guidelines.

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

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

**Flurbiprofen, Capsaicin, Camphor, Menthol cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Topical analgesics.

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

**Decision rationale:** The current request is for FLURBIPROFEN, CAPSAICIN, CAMPHOR, MENTHOL CREAM. The RFA is dated 08/11/15. Treatment to date has included pain medication including Tramadol and Flexeril, diagnostics, Functional Capacity Evaluation (FCE), pain management, physical therapy (unknown amount), and work modification. The patient is on temporary total disability. MTUS Chronic pain guidelines 2009, page 111, Topical Analgesics section states: 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 NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS guidelines page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Regarding capsaicin, guidelines state Recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is allowed for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. MTUS Guidelines also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per report 08/04/15, the patient presents with neck, lower back and shoulder pain. The examination of the shoulder revealed tenderness to palpation, positive impingement test bilaterally, and decreased range of motion. The lumbar spine exam revealed decreased range of motion with flexion, extension and right and left lateral bending. The straight leg raise is positive bilaterally in sitting and supine positions.

This appears to be an initial request for this topical cream, as other progress reports provided no discussion regarding this medication. The treater does not explain why this topical formulation is being initiated. The patient does suffer from shoulder and wrist pain, for which topical Flurbiprofen may be indicated. However, the physician does not explain where and how the cream will be applied. MTUS does not support use of topical Flurbiprofen for axial or spinal pain. In addition, guidelines do not support use of Capsaicin unless other treatments have failed and there is no such indication in the reports available for review. Additionally, MTUS Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not indicated. Therefore, the request IS NOT medically necessary

**Chiropractic sessions, Lumbar and Bilateral Shoulders, 3 times wkly for 4 wks, 12 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Chiropractic guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The current request is for CHIROPRACTIC SESSIONS, LUMBAR AND BILATERAL SHOULDERS, 3 TIMES WKLY FOR 4 WKS, 12 SESSIONS. The RFA is dated 08/11/15. Treatment to date has included pain medication including Tramadol and Flexeril, diagnostics, Functional Capacity Evaluation (FCE), pain management, physical therapy (unknown amount), and work modification. The patient is on temporary total disability. MTUS 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 report 08/04/15, the patient presents with neck, lower back and shoulder pain. The examination of the shoulder revealed tenderness to palpation, positive impingement test bilaterally, and decreased range of motion. The lumbar spine exam revealed decreased range of motion with flexion, extension and right and left lateral bending. The straight leg raise is positive bilaterally in sitting and supine positions. The treater recommended a trial of chiropractic treatments for the patient's lower back and shoulder complaints. MTUS guidelines indicate that 6 initial sessions of chiropractic therapy are appropriate for conditions of this nature, and that additional sessions are contingent upon functional benefits. The initial request for 12 sessions exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

**TENS (transcutaneous electrical nerve stimulation) unit/ EMS (electrical muscle stimulation), with supplies, 1 month home-based trial:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS).

**Decision rationale:** The current request is for TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT/ EMS (ELECTRICAL MUSCLE STIMULATION), WITH SUPPLIES, 1 MONTH HOME-BASED TRIAL. The RFA is dated 08/11/15. Treatment to date has included pain medication including Tramadol and Flexeril, diagnostics, Functional Capacity Evaluation (FCE), pain management, physical therapy (unknown amount), and work modifications. The patient is on temporary total disability. MTUS, Transcutaneous electrical nerve stimulation Section, TENS, pages 114-121 states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS) Section states, not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999) Per report 08/04/15, the patient presents with neck, lower back and shoulder pain. The examination of the shoulder revealed tenderness to palpation, positive impingement test bilaterally, and decreased range of motion. The lumbar spine exam revealed decreased range of motion with flexion, extension and right and left lateral bending. The straight leg raise is positive bilaterally in sitting and supine positions. While MTUS does recommend a 30 day trial of TENS for certain conditions, the request is for a dual unit, of which EMS or electrical muscle stimulator is specifically not recommended for chronic pain. This request does not meet guideline indications. Therefore, the request for TENS /EMS dual unit IS NOT medically necessary.