

<b>Case Number:</b>	CM15-0194462		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Emergency 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 injured worker is a 50 year old female, who sustained an industrial injury on 2-22-2013. The injured worker is being treated for cervical spine musculoligamentous strain-sprain with radiculitis, rule out cervical discogenic disease, thoracic spine musculoligamentous strain-sprain, lumbosacral musculoligamentous strain-sprain, bilateral upper trapezius myofascial pain, bilateral shoulder tendinosis, status post right shoulder arthroscopic subacromial decompression with residuals, status post right wrist fracture and status post right wrist carpal tunnel release. Treatment to date has included surgical intervention, physical therapy, aquatic therapy, medications, injections and modified work. Per the Primary Treating Physician's Progress Report dated 8-13-2015, the injured worker presented for follow-up evaluation. She reported pain in the neck, mid-upper back, lower back and bilateral shoulders. She also reported pain and numbness in the right wrist. She rated the severity of her pain in the neck, mid-upper back and right shoulder as 8 out of 10 which has increased from 7 out of 10 on the last visit; lower back pain was rated as 7 out of 10 which has remained the same since the last visit, 6 out of 10 in the left shoulder, decreased since the last visit, and 7 out of 10 in the right wrist which has decreased from 8 out of 10 on the last visit. Objective findings included grade 2 tenderness to palpation of the cervical spine, thoracic spine, lumbar spine and bilateral shoulders, all which have remained the same since the last visit. There was grade 2-3 tenderness upon palpation of the right wrist was an increase from grade 2 tenderness at the last visit. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed

medications or treatment including documentation of significant functional improvement from prior sessions of physical therapy or substantial decrease in pain levels attributed to the medications. Work status was modified. The plan of care included, and authorization was requested for 12 (2x6) sessions of physical therapy for the cervical and lumbar spine and right upper extremity, urine toxicology, subacromial block for the right shoulder, Theramine #90, Flurbiprofen cream 180gm and Gabacyclotram cream 180gm and Tramadol 50mg #60. On 9-03-2015, Utilization Review non-certified the request for 12 sessions of physical therapy, urine toxicology, patient education web classes, Theramine, Flurbiprofen cream and Gabacyclotram cream and modified the request for Tramadol.

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

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

**12 physical therapy visits, cervical spine, lumbar spine, right upper extremity, 2 x 6: Upheld**

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

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

**Decision rationale:** The request is for physical therapy of the cervical and lumbar spine as well as the right upper extremity for diagnosis including cervical and lumbar muscle strain, shoulder tendinosis s/p subacromial decompression performed. The MTUS guidelines, Physical Medicine section states that passive therapy can provide short term relief during the early phases of treatment to help control pain and inflammation and to improve the rate of healing. Active therapy is based on therapeutic exercise and is beneficial for restoring flexibility, strength, endurance, function, and range of motion. This requires an internal effort by the individual. The use of active treatment modalities instead of passive is associated with substantially better clinical outcomes. In this case, further physical therapy of the cervical, lumbar or shoulder areas is not guideline supported. This is secondary to documentation revealing no improvement functionally or in pain levels seen. The guideline advises self-directed at home treatment at this point post-injury. As such, physical therapy of the cervical, lumbar, and right upper extremity is not medically necessary.

**Patient education web classes: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request is for web based education classes. The MTUS guidelines, Education section do advise on-going education of the patient and family in the treatment of

chronic pain. More in-depth education currently exists and can employ a functional restorative program. There is no specific mention of web-based programs in the guidelines. In this case, the patient suffers from chronic pain related to neck and upper back musculoskeletal pain, shoulder tendinosis and carpal tunnel syndrome. The patient's physicians should be able to adequately inform the patient regarding further care of this long-standing injury. It is not clear why a web-based education program is needed when medical professionals are able to serve this function. As such, a web based education class is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The request is for a urine drug screen. The MTUS guidelines under Opioids, criteria for use, advises a urine drug screen to assess for the presence of illegal drugs in certain cases. For ongoing management of patient taking opioid medications, drug screening is recommended for those with issues of abuse, addiction, or poor pain control. In this case, the patient has chronic pain related to neck and upper back musculoskeletal strain, shoulder tendinosis and carpal tunnel syndrome. There is no documentation suggesting abuse, addiction, or misuse in this case. As such, the request for a urine drug screen is not medically necessary.

**Theramine #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

**Decision rationale:** The request is for the use of the supplement Theramine. The MTUS guidelines are silent regarding this topic, and as such, the Official Disability Guidelines were referenced. It states that use of this supplement is not recommended for the treatment of chronic pain. It is a medial food that contains multiple ingredients including arginine, glutamine, and GABA. This patient has chronic pain related to neck and upper back musculoskeletal strain, shoulder tendinosis and carpal tunnel syndrome. There is no role for the use of this supplement in this case. As such, the request for Theramine is not medically necessary.

**Flurbiprofen cream 180gm:** Upheld

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

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

**Decision rationale:** The request is for the use of Flurbiprofen cream which is a topical NSAID for pain relief. The MTUS guidelines under the section Topical Analgesics states that use of these products are largely experimental with few randomized controlled trials to determine efficacy or safety. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, with diminishing effect thereafter. It is recommended for short-term use (4-12 weeks) for the indications of osteoarthritis and tendinitis of the knee and elbow. There is little evidence for use of osteoarthritis of the spine, hip or shoulder. In this case the patient suffers from chronic pain related to neck and upper back musculoskeletal pain, shoulder tendinosis and carpal tunnel syndrome. The use of Flurbiprofen cream would not be indicated based on the treatment duration with use beyond 12 week being not guideline supported. As such, the request for Flurbiprofen cream is not medically necessary.

**Gabacyclotram cream 180gm:** Upheld

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

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

**Decision rationale:** The request is for the use of Gabacyclotram which is a compounded medication for topical use to aid in pain relief. The MTUS guidelines under the section of Topical Analgesics states that use is largely experimental with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these products. Any compounded medication that contains at least one drug that is not recommended is not recommended. In this case, the patient suffers from chronic pain related to neck and upper back musculoskeletal pain, shoulder tendinosis and carpal tunnel syndrome. Per the guidelines, the use of Gabapentin is not recommended as there is no peer-reviewed literature to support its use. As such, the use of Gabapentin is not medically necessary.