

<b>Case Number:</b>	CM15-0203476		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old female, who sustained an industrial injury on May 24, 2010. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy, multiple cervical and lumbar protrusions, general orthopedic issues to the bilateral wrists and knees, chronic mid back pain, and osteoarthritis to the bilateral knees. Treatment and diagnostic studies to date has included use of a lumbar corset, at least 24 sessions of chiropractic therapy, at least 24 sessions of acupuncture, at least 12 sessions of physical therapy, and medication regimen. In a progress note dated September 03, 2015 the treating physician reports complaints of aching pain to the neck with intermittent radiating burning, pins, and needles to the bilateral arms and complaints of pain to the low back that radiates to the calf. Examination performed on September 03, 2015 was revealing for decreased range of motion to the cervical and lumbar spine, pain with facet loading bilaterally to the cervical and lumbar spine, and decreased sensation to the lumbar four, five, and sacral one dermatomes. On September 03, 2015 the injured worker's medication regimen included Ultracet (since at least April of 2015), Relafen (since at least June of 2015), Prilosec (since at least April of 2015), and Gabapentin (since at least June of 2015). The injured worker's pain level on September 03, 2015 was rated a 4 out of 10 to the back and a 4 to 5 out of 10 to the neck, but did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the progress note did not indicate if the injured worker experienced any functional improvement with her activities of daily living with the use of her medication

regimen. The progress note from July 08, 2015 also did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen and did not indicate if the injured worker experienced any functional improvement with her activities of daily living with the use of her medication regimen. The progress note indicated at least 12 sessions of physical therapy noting that "in the past provided significant help," but the progress did not indicate if the injured worker experienced any functional improvement with regards to her activities of daily living or if the prior physical therapy decreased the injured worker's pain level as noted on a visual analog scale. On September 03, 2015, the treating physician requested compound CM4-Capso 0.05% and Cyclo 4% but did not indicate the specific reason for the requested compounded medication and requested physical therapy 2 times a week for 4 weeks to the cervical and lumbar spine to decrease the pain, increase the injured worker's range of motion, and to increase household chores. On September 29, 2015, the Utilization Review determined the requests for compound CM4-Capso 0.05% and Cyclo 4% and physical therapy 2 times a week for 4 weeks to the cervical and lumbar spine to be non-certified.

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

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

**Compound, Capso .05% plus Cyclo 4%:** 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 claimant has a history of a cumulative trauma work injury with date of injury in May 2010. Treatments have included 24 chiropractic, 24 acupuncture, and 12 physical therapy sessions referenced as having provided significant relief. When seen, her symptoms were unchanged. She continued to be limited by pain. She was using a lumbar support. Physical examination findings included limited cervical and lumbar range of motion. There was pain with cervical and lumbar facet loading bilaterally. There was decreased left lower extremity sensation and decreased upper and lower extremity strength. Recommendations included a continued exercise program. Authorization for additional physical therapy two times per week for four weeks and for medications was requested. Topical CM4 contains capsaicin and cyclobenzaprine. In terms of topical treatments, MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not considered medically necessary.

**Physical therapy, 2 times a week for 4 weeks, cervical & lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM Pain Suffering & the Restoration of Function, page 114.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in May 2010. Treatments have included 24 chiropractic, 24 acupuncture, and 12 physical therapy sessions referenced as having provided significant relief. When seen, her symptoms were unchanged. She continued to be limited by pain. She was using a lumbar support. Physical examination findings included limited cervical and lumbar range of motion. There was pain with cervical and lumbar facet loading bilaterally. There was decreased left lower extremity sensation and decreased upper and lower extremity strength. Recommendations included a continued exercise program. Authorization for additional physical therapy two times per week for four weeks and for medications was requested. The claimant is being treated for chronic pain with no new injury to either the cervical or lumbar spine and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.