

<b>Case Number:</b>	CM15-0029464		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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:

This 60 year old man sustained an industrial injury on 4/23/2013. The mechanism of injury is not detailed. Treatment has included oral medications. Physician notes on a PR-2 dated 9/5/2014 show continued low back pain with numbness to the anterior thigh to the knee. Recommendations include chiropractic treatment, urine drug screen, and topical creams. On 2/2/2015, Utilization Review evaluated prescriptions for compound cream: Gabapentin/Amitriptyline/Dextromethorphan 180 grams and Tramadol/Gabapentin/Cyclopsaicin therapy, that were submitted on 2/9/2015. The UR physician noted there is no failure of antidepressant and anticonvulsant therapy, no documentation to support that the worker has been unresponsive to oral medications, lastly, any compound that contains one ingredient or more that is not recommended, is not recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream: Gabapentin/ Amitriptyline/ Dextromethorphan 180 grams, Cyclobenzaprine/ Flurbiprofen 180 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** This patient presents with low back pain with numbness in the bilateral anterior thigh. There is no Request for Authorization provided in the medical file. The current request is for Compound Cream Gabapentin/Amitriptyline/Dextromethorphan 180 Grams, Cyclobenzaprine/Flurbiprofen 180 Grams. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The requested cream contains ingredients, which are not supported by guidelines as topical agents. Additionally, progress notes do not specify where the cream is to be applied. Gabapentin and cyclobenzaprine are not supported as a topical agent. MTUS guidelines indicate that any compounded medication which contains an unsupported ingredient is not substantiated. Therefore, the request is not medically necessary.

**Compound cream: Tramadol/ Gabapentin/ Cyclobenz/ Lido 120 grams, Flurb/ Capsaicin/ Menthol/ Camphor 120 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** This patient presents with low back pain with numbness in the bilateral anterior thigh. There is no Request for Authorization provided in the medical file. The current request is for Compound Gabapentin/Cyclobenzaprine/Lido 120 Grams, Flurb/Capsaicin/ Menthol/Campor 120 Grams. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms but suffers from back pain. Furthermore, Gabapentin and cyclobenzaprine are not recommendation in any topical formulation and lidocaine has only been approved in a patch form. This topical compound medication is not medically necessary.

**Physical therapy for the lumbar, twice weekly for eight weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** Based on the 10/17/14 progress report provided by the treating physician, this patient presents with continuous low back pain with numbness in bilateral anterior thigh. The treater has asked for physical therapy for the lumbar twice weekly for eight weeks but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient's numbness in bilateral anterior thigh also extends to the knee per 9/5/14 report. The patient complains of increased pain with flexion and prolonged standing per 10/17/14 report. The patient is not reported to be taking any medications as of 10/17/14 report, but is provided with a prescription for an unspecified topical cream as of 9/5/14 report. The patient has not had prior lumbar surgeries per review of reports dated 9/5/14 to 10/17/14. The patient's work status is not included in the provided documentation. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by the guidelines. However, treater has not provided a precise treatment history; there is no discussion of any flare-ups, explanation of why on-going therapy is needed, nor is there a reason why patient is unable to transition into a home exercise program. Furthermore, UR letter dated 2/2/15 states "patient has received prior courses of physical therapy" although quantity of sessions was not specified. In addition, the request for 16 additional sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.

**Eight sessions of acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** This patient presents with low back pain with numbness in the bilateral anterior thigh. There is no Request for Authorization provided in the medical file. The current request is for eight sessions of acupuncture. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. The medical file provided for review includes two hand written progress reports. Neither

of these reports discusses acupuncture treatments. This appears to be an initial request. Given the patient low back pain, a trial of up to 6 visits is in accordance with MTUS; however, the request is for an initial trial of 8 visits. This request exceeds what is recommended by MTUS. This request is not medically necessary.

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 76-77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** This patient presents with low back pain with numbness in the bilateral anterior thigh. There is no Request for Authorization provided in the medical file. The current request is for urinalysis. The MTUS Guidelines page 76 under opiate management: "consider the use of urine drug test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. There is no discussion regarding this patient being at risk for aberrant behaviors. The medical file provided for review includes two hand written progress reports. Neither of these reports discusses opiate medications. One report suggests a topical cream, but no other medications are discussed. ODG Guidelines allow for once yearly urine drug screens for low-risk patients that are on an opiate regimen. Given there is no indication that the patient is currently on opiate medication, the requested urine drug screen is not medically necessary.