

<b>Case Number:</b>	CM15-0214823		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	07/25/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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, Hawaii

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 39-year-old female who sustained an industrial injury on 7-25-15. The injured worker reported low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for sprain of lumbar region. Medical records dated 9-18-15 indicate pain rated at 2-6 out of 10. Provider documentation dated 9-18-15 noted the work status as returning to work 9-18-15. Treatment has included injection therapy, Ibuprofen, Nabumetone, Cyclobenzaprine, Ultracet, at least six sessions of physical therapy, and chiropractic treatments with provider notation of "significant improvement with chiropractic treatments". Objective findings dated 9-18-15 were notable for tenderness to palpation to the lumbar midline spinous and paraspinal and pain upon range of motion. Provider documentation dated 9-18-15 noted "6 sessions of structure physical therapy with no noticed change in her symptoms." The original utilization review (10-15-15) denied a request for Hot and Cold unit purchase, Physical therapy lumbar and Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% cream 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot and Cold unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back chapter, Cold/Heat Packs.

**Decision rationale:** The patient presents with neck and back pain, depression, anxiety, and high blood pressure. The current request is for Hot and Cold unit purchase. The treating physician's report dated 10/07/2015 (5B) does not provide a rationale for the request. No history of hot and cold unit use was documented. The MTUS and ACOEM Guidelines are silent about this request. However, ODG Guidelines recommends at-home, local applications of cold pack in the first few days of acute complaints; thereafter, applications of heat packs. ODG further states that mechanical circulating units with pumps have not been proven more effective than passive hot/cold therapy. In this case, the ODG guidelines do not support the use of mechanical circulating units for the treatment of generalized lumbar pain. At home, application of hot/cold should be sufficient. The current request is not medically necessary.

**Physical therapy lumbar:** 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 patient presents with neck and back pain, depression, anxiety, and high blood pressure. The current request is for Physical Therapy, lumbar. The treating physician's report dated 10/07/2015 (5B) states, "She was also started on a course of physical therapy, which she states slightly improved her symptoms." Physical therapy reports from 08/07/2015 (86C) to 09/11/2015 (62C) show that the patient has received 12 sessions recently. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the request is question does not specify the number of treatment needed. Furthermore, the patient recently completed 12 sessions of physical therapy with noted benefit. The patient should now be able to transition into a self-directed home exercise program to improve strength and flexibility. The current request is not medically necessary.

**Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% cream 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Topical Analgesics.

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

**Decision rationale:** The patient presents with neck and back pain, depression, anxiety, and high blood pressure. The current request is for Flurbiprofen 20%, lidocaine 5%, Amitriptyline 5% cream 180 grams. The treating physician's report dated 10/07/2015 (5B) does not provide a rationale for the request. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended." The MTUS Guidelines page 112 on topical lidocaine states "recommended for localized peripheral pain after there has been evidence of a first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch, Lidoderm, has been designed for orphan status by the FDA for neuropathic pain." No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. In this case, lidocaine in cream, lotion or gel formulation is not supported by the MTUS guidelines. The current request is not medically necessary.