

<b>Case Number:</b>	CM15-0040974		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	06/26/2002
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 56-year-old female, who sustained an industrial injury on 6/26/2002. Diagnoses include cervical radiculopathy and cervical degenerative disc disease. Treatment to date has included diagnostics, physical therapy, pool therapy, activity modifications, injections and oral and topical medications. Per the Primary Treating Physician's Progress Report dated 2/04/2015, the injured worker reported pain in the left side of the neck and upper trapezius rated as 5/10. Physical examination revealed cervical flexion to 30 degrees eliciting left trapezius pulling sensation. Extension is to 30 degrees eliciting bilateral upper trapezius pain. Lateral bend to the right is 15 degrees eliciting a heavy feeling in the right upper trapezius. The plan of care included, and authorization was requested for compound pain cream and a pool therapy membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound Cream: Flurbiprofen-Ketamine-Cyclobenzaprine-Lidocaine-Prilocaine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Topical compound Flurbiprofen, Ketamine, Cyclobenzaprine, Lidocaine, Gabapentin and Prilocaine is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Topical ketamine is not recommended except for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Cyclobenzaprine is not recommended. Flurbiprofen is not FDA approved for topical use. Topical gabapentin is not recommended. In this case, the injured worker's working diagnoses are C6-C7 disc protrusion with bilateral radicular pain; right adhesive capsulitis; bilateral third digit trigger finger; left supraspinatus and infraspinatus tendinosis with edema in teres minor, moderate subacromial deltoid muscle effusion with internal debris and bursitis contributing to left shoulder pain. In the most recent progress note dated February 4, 2015, subjectively the injured worker has left neck pain and left upper trapezius pain. The worker is engaged in a physical therapy program and received three sessions with traction that was helpful. Any compounded product that contains at least one drug (topical lidocaine in non-Lidoderm form, ketamine, cyclobenzaprine, gabapentin and Flurbiprofen) that is not recommended is not recommended. Additionally, there is no evidence of first line drug therapy failure with anticonvulsants and antidepressants. Consequently, topical compound with Flurbiprofen, Ketamine, cyclobenzaprine, lidocaine, gabapentin and prilocaine is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Topical compound Flurbiprofen, Ketamine, Cyclobenzaprine, Lidocaine, Gabapentin, and Prilocaine is not medically necessary.

**Self-directed Pool Therapy Membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, self-directed pool therapy membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she

can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are C6-C7 disc protrusion with bilateral radicular pain; right adhesive capsulitis; bilateral third digit trigger finger; left supraspinatus and infraspinatus tendinosis with edema in teres minor, moderate subacromial deltoid muscle effusion with internal debris and bursitis contributing to left shoulder pain. In the most recent progress note dated February 4, 2015, subjectively the injured worker has left neck pain and left upper trapezius pain. The injured worker is presently engaged in a pool membership that expires on February 17, 2015. The injured worker was taught exercises and engages in these exercises 3 to 4 times per week. The injured worker has been performing these exercises for several years. Gym memberships with swimming pools are not considered medical treatment and are therefore not covered under these guidelines. Plus, treatment needs to be monitored and administered by medical professionals. The injured worker is requesting a self-directed pool therapy membership. Treatment is not going to be monitored and administered by medical professionals. Consequently, absent compelling clinical documentation, self-directed pool therapy membership is not medically necessary.