

<b>Case Number:</b>	CM15-0044368		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	07/19/1996
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Pennsylvania  
 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 55 year female who has reported widespread pain after an injury on July 19, 1996. She has been diagnosed with cervical sprain/strain, anterior interosseous syndrome, carpal tunnel syndrome, status post left carpal tunnel release, upper extremity overuse tendinitis, right shoulder pain, right hip pain, and L4-5 degenerative disc disease with radiculopathy. Treatment has included medications, physical therapy, injections, and surgery. Reports from the current primary treating physician during 2014 reflect ongoing and severe back pain, neck pain, and creams "which are not helping" (per the 12/19/14 report). Work status was "temporarily totally disabled" or "permanent and stationary." Reports show prescribing of TGHOT (tramadol-gabapentin-menthol-camphor-capsaicin) and Fluriflex creams as the creams, which did not help. Acupuncture was prescribed in 2013, and recommended by the Agreed Medical Examination (AME), but no reports discuss results of that acupuncture. Per the PR2 of 1/15/15, there was 9-10/10 pain in the low back, upper back, hip, and foot/ankle. The injured worker was not taking any medications. She was not working. She was given a Toradol injection. The treatment plan included aquatic therapy, acupuncture, a topical compounded cream due to a "stomach condition", and a work status of "permanent and stationary." There was no discussion of function, no specific indications for the water therapy or acupuncture, and no discussion of the specific indications for the ingredients of the topical compound. On 2/2/15 Utilization Review non-certified water therapy, acupuncture, and a topical compounded cream. Note was made of a 1/14/15 certification for 8 visits of physical therapy. The MTUS was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **8 Aquatic Therapy Visits Right Shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration as goal of treatment. Aquatic therapy. Physical Medicine Page(s): 9 22, 98-99.

**Decision rationale:** There are no essential exercises or therapy for the shoulder, which can only be performed in the water. Medical necessity, if any, is based on the requirement that this or any other patient must exercise only in the water. The MTUS for Chronic Pain notes that aquatic therapy is recommended where reduced weight bearing is desirable, as with extreme obesity. In general, patients should perform land therapy, in that land exercise is essential for development of strength, proprioception, and core stabilization. The treating physician has not described any indications for water therapy. The prescription is not accompanied by any physician reports, which adequately address function, as the PR2 of that date does not even comment on work status. Functional improvement in this context implies progression of work status, and function should be measured at baseline and during treatment. As per the available records, a course of physical therapy has already been certified in January, making any other form of physical therapy not medically necessary. The referral for aquatic therapy is not medically necessary based on the lack of indications as specified in the MTUS.

### **8 Aquatic Therapy Visits Lumbar Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration as goal of treatment. Aquatic therapy. Physical Medicine Page(s): 9, 22, 98-99.

**Decision rationale:** There are no essential exercises or therapy for the back, which can only be performed in the water. Medical necessity, if any, is based on the requirement that this or any other patient must exercise only in the water. The MTUS for Chronic Pain notes that aquatic therapy is recommended where reduced weight bearing is desirable, as with extreme obesity. In general, patients should perform land therapy, in that land exercise is essential for development of strength, proprioception, and core stabilization. The treating physician has not described any indications for water therapy. The prescription is not accompanied by any physician reports, which adequately address function, as the PR2 of that date does not even comment on work status. Functional improvement in this context implies progression of work status, and function should be measured at baseline and during treatment. As per the available records, a course of physical therapy has already been certified in January, making any other form of physical therapy not medically necessary. The referral for aquatic therapy is not medically necessary based on the lack of indications as specified in the MTUS.

## **8 Acupuncture Therapy Visits Right Shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. An initial course of acupuncture is 3-6 visits per the MTUS. The prescription is for 8 visits, which exceeds the quantity recommended in the MTUS. It is possible that this injured worker has already attended visits of acupuncture, as alluded to in some of the records. The results of those visits are not mentioned in the recent reports. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. Function was not addressed adequately. An initial course of acupuncture is not medically necessary based on a prescription which exceeds the quantity recommended in the MTUS, and lack of specific indications per the MTUS.

**Gabapentin 10 Percent/Cyclobenzaprine 4 Percent/Ketoprofen 10 Percent/Capsaicin .0375 Percent/ Menthol 5 Percent/Camphor 2 Percent Cream 240 Gram Apply 1-2 Grams to Affected Area x 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications Page(s): 60,111-113.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good

medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. This injured worker previously used TGHOT, which is tramadol-gabapentin-menthol-camphor-capsaicin; and Fluriflex, which is Flurbiprofen/Cyclobenzaprine. There was no benefit. The current topical compound contains Gabapentin-Cyclobenzaprine-Ketoprofen-Capsaicin Menthol and Camphor. The only difference with the current compound is the ketoprofen instead of flurbiprofen. A recycling of prior failed treatments is not medically necessary. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended. Per the MTUS citation, there is no good evidence in support of topical gabapentin or muscle relaxants; these agents are not recommended. Note that topical ketoprofen is not FDA approved, and is not recommended per the MTUS. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. Menthol and camphor are not discussed specifically in the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of prior efficacy.