MAXIMUS Federal Services

Case Number:	CM15-0052298		
Date Assigned:	03/25/2015	Date of Injury:	07/01/1996
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/19/2015

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, Arizona
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 58-year-old female with a reported date of injury of 07/01/1996. The mechanism of injury was lifting a large box. The injured worker is currently being treated for lumbar sprain, grade I spondylolisthesis, cervical spine degenerative disc disease with associated radiculopathy of bilateral upper extremities, left shoulder sprain/strain, and left knee degenerative joint disease. A lumbar spine x-ray performed on 05/05/2014 was noted to reveal grade I degenerative spondylolisthesis with disc and facet disease at L4-5 and L5-S1. An electrodiagnostic study performed on 08/04/2014 was noted to reveal normal nerve conduction study with no evidence of bilateral median, radial, or ulnar nerve neuropathy, except evidence of median neuropathy at both wrists consistent with mild bilateral carpal tunnel syndrome. The study was also noted to reveal normal EMG with no evidence of bilateral cervical radiculopathy. A progress note dated 03/10/2015 indicated that the injured worker had complaints of intermittent neck pain rated 5/10 as well as intermittent low back pain with occasional numbness and tingling sensation rated 7/10. The note also indicates the injured worker had complaints of intermittent left knee pain with associated locking and sudden giving way sensations; the pain was rated 5/10 to 7/10. On physical examination, it was noted the injured worker had an antalgic gait favoring the left lower extremity. There was also noted to be tenderness along the bilateral lumbosacral musculature. The examination of the left knee indicated there was tenderness to the medial joint line of the knee as well as positive McMurray's testing. There was also evidence of crepitus during examination. Motor strength was 5/5 and sensory examination was intact. A request was made for Cyclo 10% Ultram 10%; Flurbi/Caps/Camp/Menthol cream; Non-prison

industry chair (Ergonomic); and Fitness program with water aerobics x 1. There was no rationale provided for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo 10% Ultram 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113. Decision based on Non-MTUS Citation FDA.gov.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines continue to state that any compounded product that contains at least 1 drug or drug class that is not recommended than the entire product is not recommended. Additionally, the guidelines state that there is no evidence for use of any muscle relaxants as a topical product. A thorough search of FDA.gov did not indicate that there was a formulation of topical tramadol that has been approved. There is a lack of a rationale provided within the documentation as to why this topical medication is being requested. Additionally, it remains unclear whether this is a new prescription or a refill, and if it is a refill, there is no documentation provided that the topical medication provided therapeutic benefit. Furthermore, there was lack of evidence that trials of antidepressants and anticonvulsants had failed. Moreover, this product contains topical formulations of medications that are not currently recommended. Therefore, the request for Cyclo 10% Ultram 10% is not medically necessary.

Flurbi/Caps/Camp/Menthol cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Topical Capsaicin, Salicylates Topicals Page(s): 72, 111, 28, 112, 105. Decision based on Non-MTUS Citation FDA.gov.

Decision rationale: The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines continue to state that any compounded product that contains at least 1 drug or drug class that is not recommended than the entire product is therefore not recommended. Additionally, the guidelines continue to state that topical NSAID have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. However, flurbiprofen is not currently FDA approved for topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine, National Institute of Health (NLM/NIH) database

demonstrated no high quality human studies evaluating the efficacy of this medication through dermal patches or topical administration. Furthermore, the guidelines state that capsaicin is currently recommended only as an option in patients who have not responded to, or are intolerant to, other treatments. Moreover, the guidelines continue by stating that topical salicylates such as camphor are recommended. There was no rationale provided within the documentation as to why this compounded medication is being provided for review. Additionally, the compounded cream includes non FDA approved formulations of medications, and there is no documented evidence that the injured worker had failed trials of antidepressants and anticonvulsants. Furthermore, there is a lack of evidence that the injured worker has not responded, or is intolerant to, all other available treatment options to support the use of capsaicin. Moreover, it remains unclear as to whether this is a refill or a new prescription, and if it is a refill, there is no documented evidence of therapeutic benefit with the use of this compounded medication. Therefore, the request for Flurbi/Caps/Camp/Menthol cream is not medically necessary.

Fitness program with water aerobics x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to the California MTUS Guidelines, aquatic therapy may be recommended as an optional form of exercise therapy as an alternative to land based physical therapy in patients who require reduced weight bearing. There is a lack of evidence in the documentation that the injured worker cannot adequately participate in land based physical therapy. Furthermore, the request fails to provide documentation in regard to how long and/or how many sessions this request is for. Therefore, the request for Fitness program with water aerobics x 1 is not medically necessary.

Non-prison industry chair (Ergonomic): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Ergonomics interventions.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this request. However, the Official Disability Guidelines state that there is no quality evidence in effectiveness of ergonomics for the prevention of low back pain. There is a lack of a rationale provided for this specific request and the guidelines do not currently recommend ergonomic chairs as there is a lack of good quality evidence to support their efficacy. Furthermore, it remains unclear as to why the physician is recommending an ergonomic chair versus available ergonomic chair supports. Therefore, the request for Non-prison industry chair (Ergonomic) is not medically necessary.