

<b>Case Number:</b>	CM15-0053548		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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:

The injured worker is a 55-year-old male who reported an injury on 07/17/2014. The mechanism of injury was not stated. The current diagnoses include head pain, cervical musculoligamentous strain with radiculitis, rule out cervical spine discogenic disease, thoracic musculoligamentous strain, lumbosacral musculoligamentous strain, rule out lumbosacral spine discogenic disease, bilateral shoulder strain, rule out bilateral shoulder impingement, bilateral elbow strain, right elbow lateral epicondylitis, bilateral wrist strain, bilateral hip strain, bilateral knee strain, bilateral ankle strain, history of internal complaints, sleep disturbance, and depression. The injured worker presented on 03/05/2015 for a follow-up evaluation with complaints of headaches, neck pain, mid/upper back pain, low back pain, and bilateral upper and lower extremity pain. The injured worker also reported numbness in the bilateral wrists and symptoms of depression. Upon examination, there was tenderness to palpation over multiple areas of the body. Treatment recommendations included chiropractic therapy, extracorporeal shock wave therapy, and continuation of the current medication regimen. A Request for Authorization form was then submitted on 03/05/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of a failure of nonopioid analgesics. It was unclear how long the injured worker has utilized the above medication. There was no documentation of objective functional improvement. There was also no frequency listed in the request. As such, the request is not medically appropriate.

**Gabapentin 10%/Bupivacaine 5% Cream Base 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. There was also no frequency listed in the request. As such, the request is not medically appropriate.

**Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/ Camphor 2%/Capsaicin 0.025% Cream Base 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing flurbiprofen would not be supported. Muscle relaxants are also not recommended for topical use. There was also no frequency listed in the request. As such, the request is not medically appropriate.

**Chiropractic treatment, 8 sessions, for Thoracic and Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** The California MTUS Guidelines state manual therapy and manipulation may be recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 8 sessions of chiropractic therapy exceeds guideline recommendations. There was also no documentation of objective functional improvement following the initial sessions of chiropractic therapy. Given the above, the request is not medically appropriate.