

<b>Case Number:</b>	CM15-0059544		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	06/24/1997
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63 year old female with an industrial injury dated June 24, 1997. The mechanism of injury was not provided. The injured worker diagnoses include osteoarthritis of left knee, discogenic back pain, knee sprain/strain, and right ankle/feet sprain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, urine drug screening and periodic follow up visits. According to the progress note dated 02/20/2015, the injured worker reported pain in the lower back, knee and ankle and decreased muscle mass and strength. Lumbar spine exam revealed tenderness to palpitation, muscle guarding and spasm, bilaterally. Tenderness to palpitation at the left knee, right ankle and foot were also noted. The injured worker was utilizing Norco, Soma, and Xanax and found them helpful. The injured worker was utilizing Colace and found it helpful and Neurontin and found it helpful. The request was made for autonomic nervous system testing to objectively measure the injured worker's cardiac, respiratory, and peripheral autonomic nervous system and screen for any signs and symptoms arising out of the industrial injury that are known with reasonable medical probability to be influenced or aggravated by autonomic imbalance and dysfunction. The treating physician prescribed Autonomic nervous system, Compound Flurbiprofen 20%, Compound TGIce (Tramadol/Gabapentin/Menthyl/ Camphor), Heating & cooling unit for home use, Norco 10/325mg and Soma 350mg now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heating & cooling unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**Decision rationale:** The ACOEM Guidelines indicate that at home local applications of cold packs are appropriate in the first few days of an acute complaint, and thereafter applications of heat packs. The clinical documentation submitted for review failed to provide the necessity for a heating and cooling unit. There was a lack of documentation indicating the injured worker could not utilize hot packs and cold packs. The request as submitted failed to indicate the body part to be treated and failed to indicate whether the unit was for rental or purchase. Given the above, the request for Heating & cooling unit for home use is not medically necessary.

**Norco 10/325mg #600:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement. There was documentation the injured worker had side effects and was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency for the medication. Additionally, there was a lack of documentation indicating a necessity for 600 tablets of medication. Given the above, the request for Norco 10/325mg #600 is not medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks, and there

should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective benefit from the requested medication. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The duration of use could not be established. However, the injured worker had utilized the medication for an extended duration of time, per the physician documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350mg #60 is not medically necessary.

**Autonomic nervous system diagnostic test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.aetna.com](http://www.aetna.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/16464634> accessed 5-10-15.

**Decision rationale:** Per the National Institutes of Health, "Autonomic assessment has played an important role in elucidating the role of the autonomic nervous system in diverse clinical and research settings." The clinical documentation submitted for review indicated the request had been made to screen for signs and symptoms arising out of industrial injury that are known with reasonable medical probability to be influenced or aggravated by the autonomic imbalance and dysfunction. There was a lack of documentation indicating how the findings would change the injured worker's treatment. Given the above, the request for Autonomic nervous system diagnostic test is not medically necessary.

**Compound TGIce (Tramadol/Gabapentin/Menthyl/Camphor):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Topical Salicylates, Topical Analgesics, Gabapentin Page(s): 82, 105, 111, 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [FDA.gov](http://FDA.gov).

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical salicylates are recommended. A thorough search of [FDA.gov](http://FDA.gov) did not indicate there was a formulation of topical tramadol that had been FDA approved. The approved form of tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin: Not recommended. There is no peer reviewed literature to support use. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations.

The request as submitted failed to indicate the frequency, quantity, and body part to be treated. Given the above, the request for Compound TGIce (Tramadol/Gabapentin /Menthol/Camphor) is not medically necessary.

**Compound Flurbiprofen 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics Page(s): 72, 111.

**Decision rationale:** The California Medical Treatment Utilization Schedule indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA approved for a 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 safety and efficacy of this medication through dermal patches or topical administration. The clinical documentation submitted for review failed to provide documentation of a trial and failure of anticonvulsants and antidepressants. There was a lack of documentation indicating the injured worker had osteoarthritis. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency, body part, and quantity of medication. Given the above, the request for Compound Flurbiprofen 20% is not medically necessary.