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| <b>Case Number:</b>   | CM15-0059718 |                              |            |
| <b>Date Assigned:</b> | 04/17/2015   | <b>Date of Injury:</b>       | 04/14/2011 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 03/26/2015 |
| <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: 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:

This 56 year old woman sustained an industrial injury on 4/14/2011. The mechanism of injury is not detailed. Diagnoses include rotator cuff syndrome, cervical and lumbar intravertebral disc disorder with myelopathy, and carpal tunnel syndrome with repair. Treatment has included oral medications. Physician notes dated 3/20/2015 show complaints of cervical, thoracic, bilateral upper extremity, lumbar, sacroiliac, pelvic, buttock, and bilateral lower extremity pain rated 8/10. Recommendations include medical records for review, updated MRIs of the bilateral shoulders and cervical spine, physical therapy including laser, topical medications, Lidoderm patches, and follow up in 45 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Bilateral Shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 207.

**Decision rationale:** MTUS recommends ordering imaging studies when there is evidence of a red flag on physical examination (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The injured worker is diagnosed with rotator cuff syndrome with ongoing shoulder pain. Chart documentation fails to show any red flags or unexplained physical findings on examination that would warrant additional imaging. The request for MRI Bilateral Shoulders is not medically necessary by MTUS.

**MRI Cervical Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 177.

**Decision rationale:** MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. Documentation fails to show evidence of definitive neurologic findings on physical exam that would meet the indication for additional imaging. The request for MRI Cervical Spine is not medically necessary.

**Physiotherapy 2 Times A Week for 3 Weeks Bilateral Shoulders and Cervical Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, pg 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Shoulder Chapters.

**Decision rationale:** MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of Rotator cuff impingement syndrome and 10 physical therapy visits over 8 weeks for neck sprains and strains and intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care, with a fading of treatment frequency (from up to 3 or more visits per week to 1 or less). When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. At the time additional outpatient physical therapy was prescribed, the injured worker had undergone an initial course of physical therapy with no significant improvement in pain or function. Physician reports do not show objective findings that would support the medical necessity for additional therapy. The request for

Physiotherapy 2 Times A Week for 3 Weeks Bilateral Shoulders and Cervical Spine is not medically necessary based on lack of functional improvement and MTUS.

**FCL: Flurbiprofen 20 Percent, Baclofen 2 Percent, Dexamethasone 2 Percent, Menthol 2 Percent, Camphor 2 Percent, Capsaicin .0375 Percent, Hyaluronic Acid .20 in 180 Grams:** Upheld

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

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

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application. MTUS provides no evidence recommending the use of topical Menthol and the use of muscle relaxants as a topical agent is not recommended. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for FCL: Flurbiprofen 20 Percent, Baclofen 2 Percent, Dexamethasone 2 Percent, Menthol 2 Percent, Camphor 2 Percent, Capsaicin .0375 Percent, Hyaluronic Acid .20 in 180 Grams is not medically necessary by MTUS.

**Lidoderm Patch:** Upheld

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

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

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker complaints of cervical, thoracic, bilateral upper extremity, lumbar, sacroiliac, pelvic, buttock, and bilateral lower extremity pain. Physician reports fail to demonstrate supporting evidence of significant improvement in level of function to establish the medical necessity for continued use of Lidoderm. The request for Lidoderm patch is not medically necessary by lack of meeting MTUS criteria.

**Gabapentin 200 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

**Decision rationale:** MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker complaints of cervical, thoracic, bilateral upper extremity, lumbar, sacroiliac, pelvic, buttock, and bilateral lower extremity pain. Documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Gabapentin. The request for Gabapentin 200 MG is not medically necessary by MTUS.