

<b>Case Number:</b>	CM15-0086783		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Family Practice

### 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 36 year old male who sustained a work related injury January 6, 2009. Past history included s/p 2 level discectomy 9/19/2012, s/p L2-L3 posterior lumbar interbody laminectomy and discectomy March 2013. According to a treating physician's progress report, dated February 26, 2015, the injured worker presented with complaints of neck pain that radiates in the pattern of the bilateral C5 and C6 dermatomes and pain in the lower back that radiates in the pattern of the bilateral L3 and L4 dermatomes. The pain is rated 8/10 neck, 9/10 lower back, 5/10 right knee, 8/10 left knee and depression 7/10. Diagnostic impression; exacerbation of cervical and lumbar spine pain; failed back syndrome; exacerbation left knee pain, synovitis; right knee and ankle synovitis, secondary to altered gait; patellar tendinosis. Treatment plan included a cane and medication. At issue, is a request for aqua therapy, Fluriflex, TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatherapy 2 times a week for 4 weeks:** Overturned

**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 Physical Medicine, Aquatic therapy Page(s): 98-99, 22.

**Decision rationale:** Per the MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, the guidelines state to refer to Physical Medicine. The MTUS Physical Medicine guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case, the injured worker has an exacerbation of his symptoms to multiple body parts and a short course of aquatic therapy is supported to abate his symptoms and to increase function. The request for Aquatherapy 2 times a week for 4 weeks is medically necessary and appropriate.

**Compound medication: Fluriflex (Flurbiprofen 15%/Cyclobenzaprine 10%) 180gm:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medication-Compound Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one 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. Muscle relaxants such as cyclobenzaprine are not supported in a topical formulation. The request for Fluriflex (Flurbiprofen 15%/Cyclobenzaprine 10%) 180gm is not medically necessary and appropriate.

**Compound medication: TGHOT (Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%/ Capsaicin 0.5%) 180gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medication-Compound Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not supported in a topical formulation. The request for Compound medication: TGHot (Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%/ Capsaicin 0.5%) 180gm is not medically necessary and appropriate.