

<b>Case Number:</b>	CM15-0089208		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Pediatrics, 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:

The injured worker is a 67-year-old, female who sustained a work related injury on 3/17/14. The diagnoses have included right shoulder musculoligamentous strain-sprain rule out internal derangement, right wrist musculoligamentous strain-sprain rule out carpal tunnel syndrome, status post right wrist fracture, lumbar musculoligamentous strain-sprain rule out herniated nucleus pulposus, left lower extremity radicular pain and paresthesia, thoracic musculoligamentous strain-sprain and anxiety and depression. Treatments have included right hand splinting and casting, medications, and 20 sessions of physical therapy. In the Primary Treating Physician's Comprehensive Orthopedic Consultation and Report dated 3/9/15, the injured worker complains of constant right shoulder pain that radiates to her elbow. She has popping, clicking and grinding sensation in the shoulder. She has numbness and tingling in her right arm. She rates this pain level a 7/10. She complains of constant right arm pain that radiates into her shoulder and down to wrist. She rates this pain level a 7/10. She complains of constant right wrist pain that radiates to her elbow and into her fingers. She has numbness and tingling in arm. She rates this pain level a 6-7/10. She complains of frequent mid back pain with pain that radiates to her lower back. She rates this pain level a 5/10. She complains of constant low back pain that radiates to left leg and into her coccyx. She has numbness and tingling in her left leg. She rates this pain level a 7/10. She complains of constant coccyx pain. She rates this pain level a 5/10. She complains of constant pain in her left leg. She has episodes of cramping, numbness and tingling in the left leg. The leg has given out on her causing her to lose her balance. She rates this pain level a 5-6/10. She has difficulties in performing activities of daily living and routine

activities. She is having sleeping difficulties. On physical examination, she has tenderness to palpation over thoracic paravertebral musculature. She has moderate tenderness to palpation over right shoulder and over right wrist. She has slight tenderness on palpation over the lumbar paravertebral muscles. She has decreased range of motion in thoracic spine, right shoulder, right wrist and lumbar spine. She has a positive straight leg raise and Bragard's test with left leg. She is not working. The treatment plan includes requests for physical therapy, for an MRI of the lumbar spine and for medicated creams.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **8 Physical Therapy sessions for the right shoulder, right wrist, and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Per CA MTUS guidelines, Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, physical therapy recommended as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." She had physical therapy in the past without documentation of her response to the effectiveness of the therapy. Since she had physical therapy in the past without documentation of functional improvements achieved, the requested treatment of physical therapy to her right shoulder, right wrist and lumbar spine is not medically necessary.

#### **1 MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Per CA MTUS, ACOEM guidelines, "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve

impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The provider requested an MRI of the lumbar spine to rule out disc pathology and disc protrusion. There was an MRI of the lumbar spine performed on 5/15/14. This report is not included in the medical records. There is no documentation included in the medical records that an EMG-NCV study has been completed to document nerve dysfunction in the legs. There have been no drastic changes in her symptoms that would warrant an MRI. For these reasons, the requested treatment of an MRI of the lumbar spine is not medically necessary.

**Flurbiprofen 20% 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory drugs, Topical Medications.

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

**Decision rationale:** Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." With non-steroidal anti-inflammatories (NSAIDs), "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." Flurbiprofen is not FDA approved for use in a topical analgesic cream. The requested treatment of a medicated cream consisting of Flurbiprofen is not medically necessary.

**Ketoprofen 20% 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory drugs, Topical Medications.

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

**Decision rationale:** Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Because this medication is not approved for topical use, the requested cream consisting of Ketoprofen is not medically necessary.

**Ketamine 10% 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory drugs, Ketamine, Topical Medications.

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

**Decision rationale:** Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined." Because of the use of this medication in non-controlled studies and not being approved for use in a topical application, the requested cream consisting of Ketamine is not medically necessary.

**Gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375%, 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory drugs, Topical Medications, Gabapentin, Capsaicin, other muscle relaxants.

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

**Decision rationale:** Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is no documentation that this patient has tried taking antidepressants and/or anticonvulsants for neuropathic pain. "There is no evidence for use of any other muscle relaxant (Cyclobenzaprine) as a topical product." Gabapentin is not recommended in topical form. "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Since two of the medications in this compounded cream are not recommended for topical use, the requested treatment of Gabapentin, Capsaicin and Cyclobenzaprine compounded cream is not medically necessary.