MAXIMUS Federal Services

| Case Number: | CM15-0236317 | | |
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| Date Assigned: | 12/11/2015 | Date of Injury: | 08/31/2015 |
| Decision Date: | 01/15/2016 | UR Denial Date: | 11/18/2015 |
| Priority: | Standard | Application Received: | 12/03/2015 |

## 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: Preventive Medicine, Occupational 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 40 year old female who sustained an industrial injury on 8-31-2015. Medical records indicate the injured worker is being treated for right shoulder sprain-strain rule out internal derangement, right elbow sprain-strain to rule out internal derangement lateral epicondylitis, right wrist-hand sprain-strain rule out carpal tunnel syndrome, right hand tendinitis, and insomnia. Per the initial comprehensive medical evaluation report dated 10-15-2015 and a report dated 10-27-2015 the injured worker reports continuous right shoulder pain, right elbow pain, right wrist and hand pain. The injured worker reports neck pain radiating down to her bilateral arms, elbows, and wrists. The injured worker reports on 10-27-2015 that her current pain and average pain is 6 out of 10, her pain at best is 4 out of 10, and her pain at worst is 8 out of 10. The injured worker also reports numbness, tingling sensation, weakness and loss of grip. On physical exam the treating physician reports the injured worker holds her right upper extremity in a guarded position and has elbow-wrist support and her grip strength on the right is 2-2-2kg of force and on the left is 18-16-16kg of force. Also on physical exam the treating physician reports the injured worker has tenderness over the upper trapezius, rotator cuff, acromioclavicular joint, sub acromial space, supraspinatus and deltoid on the right and there is spasm over the right upper trapezius. Also on physical exam the treating physician reports the injured worker has positive crepitus, Hawkins, and Neer on the right and range of motion of her right shoulder is flexion 180, abduction 180, extension 40, adduction 30, and internal and external rotation 50 and there is pain throughout range of motion on the right. Also on physical exam the injured worker has tenderness over the extensors-supinators, flexors-pronators, lateral

epicondyle, medial epicondyle, and olecranon-bursa on the right, positive Cozen's on the right and her elbow range of motion is flexion 130, extension 0, and pronation and supination 70. Also on physical exam the treating physician reports the injured worker has diffuse tenderness and spasm over the thenar eminence on the right, positive Phalen's on the right and crepitus and her wrist range of motion is flexion 60, extension 50, ulnar deviation 30, and radial deviation 20 and has point tenderness over the thumb to fifth digit of metacarpophalangeal joint and proximal interphalangeal joint. The treating physician reports the injured worker has not yet achieved maximum medical improvement and is in need of further care and is temporarily totally disabled. Treatment to date for the injured worker includes 6 sessions of physical therapy and medications including Acetaminophen 500mg and Naproxen 500mg. The UR decision dated 11-18-2015 non-certified the requests for physical therapy twice a week times 4 weeks to right shoulder, elbow, and wrist, compound cream (Flurbiprofen 25 percent and Cyclobenzaprine 2 percent) 180gms, and compound cream (Gabapentin 15 percent, Dextromethorphan 10 percent, and Amitriptyline 4 percent) 180gms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 weeks to right shoulder, elbow and wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker is noted to have completed six sessions of physical therapy to date without significant pain relief or functional improvement. She continues to rate her pain with activity as a 10 out of 10. It does not appear that physical therapy is helpful for this injured worker at this time. The request for physical therapy 2x4 weeks to right shoulder, elbow and wrist is determined to not be medically necessary.

**Compound cream (Flurbiprofen 25%, Cyclobenzaprine 2%) 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for compound cream (Flurbiprofen 25%, Cyclobenzaprine 2%) 180 grams is determined to not be medically necessary.

**Compound cream (Gabapentin 15%, Dextromethorphan 10%, Amitriptyline 4%) 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical Gabapentin as there is no peer-reviewed literature to support use. Dextromethorphan is FDA approved an anti-tussive. Uses for chronic pain are investigational and experimental. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of Amitriptyline or other antidepressants as topical agents for pain; however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. As at least one of the medications in the requested compounded medication is not approved by the guidelines, the request for compound cream (Gabapentin 15%, Dextromethorphan 10%, Amitriptyline 4%) 180 grams is determined to not be medically necessary.