

Case Number:	CM14-0097176		
Date Assigned:	09/16/2014	Date of Injury:	07/15/2011
Decision Date:	10/23/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68-year-old with a reported date of injury on 07/15/2011. The injury reportedly occurred when the injured worker fell off the lift gate and fell 8 to 10 feet, landing on the concrete. His diagnoses were noted to include cervical radiculitis, cervical disc syndrome, right shoulder rotator cuff syndrome, lumbar disc syndrome, lumbar spine spondylosis, bilateral feet traumatic plantar fasciitis, and right shoulder impingement syndrome. His previous treatments were noted to include physical therapy, acupuncture, epidural injections, and medications. The physical therapy note dated 02/03/2014 revealed that after 8 visits of physical therapy, the injured worker's trunk flexion was to 50 degrees, extension was to 5 degrees, right side bending was to 10 degrees, and left side bending was to 10 degrees. The progress note dated 05/12/2014 revealed complaints of neck pain rated 4/10 and low back pain rated 6/10. The injured worker reported pain that radiated along the bilateral lower extremities with numbness at the feet and toes. The injured worker was engaged in a home exercise program. The injured worker reported anxiety, depression, and difficulty sleeping due to pain. The injured worker abandoned physical therapy due to increased pain and difficulty with his gait. The physical examination noted a guarded gait and the injured worker had difficulty arising from a seated position. On palpation, there was tenderness on the paralumbar muscles bilaterally. The injured worker had a decreased range of motion to the lumbar spine. The orthopedic examination revealed a positive Minor's sign, Valsalva maneuver, Kemp's test, and straight leg raise. The deep tendon reflexes to the lower extremities were rated 2+/4. The motor strength to the lower extremity is rated 3+/5 on the right and 5/5 on the left. The progress note dated 06/10/2014 revealed complaints of neck pain rated 4/10 and low back pain rated 6/10. The injured worker was engaged in a home exercise program and had abandoned physical therapy due to increased pain and difficulty with gait. The physical examination of the lumbar spine revealed a range of

motion to be diminished with flexion to 45 degrees, extension to 20 degrees, and right/left lateral flexion to 20 degrees. The Request for Authorization Form dated 05/12/2014 was for 12 sessions of physical therapy for the lumbar spine, with the incorporation of an updated home exercise program, TGHOT (tramadol 8%, gabapentin 10%, menthol 2%, capsaicin 0.05%) 180 g, and Flurflex (flurbiprofen 10%, cyclobenzaprine 10%) 180 g to reduce pain and to decrease the need for oral medications, and a urine toxicology screen. However, the provider's rationale was not submitted with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions: Upheld

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

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

Decision rationale: The injured worker abandoned physical therapy in 04/2014 due to increased pain and unsteady gait. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapies require internal effort by the individual to complete his specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance for assistance, and functional activities with these devices. The guidelines recommend for neuralgia, neuritis, radiculitis, 8 to 10 visits over 4 weeks. The injured worker has participated in previous physical therapy sessions and abandoned it due to increased pain and gait difficulties. There is lack of documentation regarding the number of previous physical therapy sessions completed, as well as objective functional improvement with previous physical therapy sessions. Therefore, despite the current measurable functional deficits, with the lack of documentation regarding objective functional improvements, and the total number of sessions completed, additional physical therapy is not appropriate at this time. Therefore, the request is not medically necessary.

TGHOT (Tramadol 8%,Gabapentin 10%,Menthol 2%,Capsaicin 0.05%) 180grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications: Capsaicin,Menthol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Gabapentin, Topical Capsaicin,Topical Analgesics, Topical Salicylates Page(s): 82, 113.

Decision rationale: The injured worker has been utilizing this medication since at least 05/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are

largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics 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 through the guidelines. The guidelines do not approve topical tramadol; instead, it is recommended for oral consumption. Gabapentin is not recommended as a topical analgesic, as there is no peer reviewed literature to support the use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication of this increase over a 0.025% formulation which would provide any further efficacy. The guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended, and tramadol and gabapentin are not recommended for topical use, and capsaicin 0.05% exceeds guideline recommendations of 0.025%. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Flurflex (flurbiprofen 10% cyclobenzaprine 10%) 180grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Cyclobenzaprine Page(s): 72, 111, 41.

Decision rationale: The injured worker has been utilizing this medication since at least 05/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics 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 not currently FDA approved for topical application. The FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmic solution. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant, as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended, and flurbiprofen and cyclobenzaprine are not recommended for topical analgesic use. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, Steps to avoid misuse/abuse Page(s): 43, 94.

Decision rationale: The injured worker had a previous urine toxicology screen performed 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use or presence of illegal drugs. The guidelines state for those at high risk of abuse recommend performing frequent random urine toxicology screens. There is a lack of documentation regarding the injured worker at high risk for abuse, and the previous urine drug screen was performed 02/2014, which was negative for medications. Therefore, a repeat urine toxicology screen is not appropriate at this time. As such, the request is not medically necessary.