

Case Number:	CM14-0140953		
Date Assigned:	09/10/2014	Date of Injury:	07/08/2013
Decision Date:	03/19/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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. 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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 36 year old male who suffered an industrial related injury on 7/8/13. The mechanism of injury was not noted. The treating physician's report dated 1/18/14 noted the injured worker had complaints of neck pain with tension and spasm that radiated to the right shoulder. Low back pain that radiated to bilateral lower extremities and the groin area was also noted. Diagnoses included cervical spine sprain/strain with mild herniated disc, right shoulder supraspinatus and infraspinatus tendonitis with subacromial bursitis, lumbar spine sprain/strain, lumbar herniated disc syndrome without myelopathy, and lumbar radiculitis with radiculopathy to bilateral lower extremities. A physician's report dated 7/19/14 noted there was no change regarding the neck pain, right shoulder, and low back pain. A nerve conduction velocity study of the upper extremities was noted to have revealed carpal tunnel syndrome of the right wrist. The injured worker was prescribed Cyclobenzaprine, Naproxen, Omeprazole, and Zolpidem. The physical examination revealed tenderness to palpation of the right wrist. Right wrist and hand dorsiflexion, volar flexion, ulnar deviation, radial deviation, and grip strength were decreased. Median nerve Tinel's test was positive on the right wrist. Bracelet test, Finkelstein's, and Phalen's signs were positive on the right wrist. The paracervical, trapezius, and supraspinatus muscles were tender upon palpation. Cervical spine range of motion was decreased. Tenderness was noted over the SC and AC joints, supraspinatus, infraspinatus, and greater tuberosity. The right shoulder range of motion was decreased. Lumbar paraspinous tenderness was noted upon palpation. Lumbar range of motion was noted to be decreased. On 8/15/14 the utilization review (UR) physician denied the below listed requests. Regarding range of motion testing the UR

physician noted this should be included in the physician's examination at every level of service; a separate assessment would be unnecessary. Regarding 6 urine toxicology tests, the UR physician noted that there was no documentation provided that noted the provider intended to begin a therapeutic trial of opioids therefore the drug screens are non-certified. Regarding Ketoprofen powder 10% Cyclobenzaprine HCL powder 3% Lidocaine HCL 5% Ultraderm base cream, the UR physician noted topical Ketoprofen is not FDA approved and there is no evidence for the use of topical muscle relaxants therefore the request is non-certified. Regarding Flurbiprofen powder, 10% Capsaicin powder, 0.025% Menthol, 2% Camphor Crystals, 1% Ultraderm cream quantity 120gm, the UR physician noted topical Capsaicin is recommended only as an option for patients who have not responded or are intolerant to other treatments. There are also no evidence based guidelines that support the use of topical Flurbiprofen, therefore the request is non-certified. Regarding Flurbiprofen powder, Lidocaine HCL powder, Amitriptyline HCL powder, PCCA lipoderm base, the UR physician noted there are evidence based guidelines that support the use of topical Flurbiprofen or Amitriptyline therefore the request is non-certified. Regarding Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%, Lidoderm base the UR physician noted there are no evidence based guidelines that support the use of topical Gabapentin, Cyclobenzaprine, or Tramadol therefore the request is non-certified. Regarding Terocin patches, the UR physician noted the patches contain topical Capsaicin, topical, Lidocaine, and menthol. There is no evidence based guideline to support the use of topical menthol and topical Lidocaine in the form of a cream and is not indicated for neuropathic pain. Regarding Gabapentin 10%, Dextromethorphan 10%, Amitriptyline HCL 10%, Mediderm cream base, the UR physician noted there are no evidence based guidelines that support the use of topical Gabapentin therefore the request is non-certified. Regarding Flurbiprofen 20%, Tramadol HCL powder 20%, Mediderm cream base, the UR physician noted there are no evidence based guidelines that support the use of topical Gabapentin, Dextromethorphan, or Amitriptyline therefore the request is non-certified. Regarding Cyclobenzaprine HCL 4%, Flurbiprofen 20%, Tramadol HCL 20%, Mediderm cream base, the UR physician noted there is no evidence based guideline support for the topical application of Cyclobenzaprine or Tramadol and Flurbiprofen is not FDA approved for topical use. Regarding an aqua relief system for purchase, the UR physician noted the Official Disability Guidelines do not recommend cryotherapy for the neck. For the shoulder cryotherapy is not recommended for nonsurgical treatment. Therefore the request is non-certified. Finally regarding 1 Aspen summit back brace for purchase, the UR physician noted the use of lumbar supports are not recommended for prevention. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

Decision rationale: Range of motion testing is a part of routine musculoskeletal and neurological evaluation. There is no need for a separate assessment or referral to a specialist of range of motion examination. Therefore, the request is not medically necessary.

Urine toxicology test Qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94..

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Urine Drug screen is not medically necessary.

Ketoprofen powder 10% Cyclobenzaprine Hcl powder 3% Lidocaine HCl 5% Ultraderm base cream: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of the component of cream (Ketoprofen; Cyclobenzaprine; Lidocaine). Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the use of the proposed topical analgesic is not medically necessary.

Flurbiprofen powder 10% capsaicin powder 0.025% menthol 2% camphor crystals 1% Ultraderm cream Qty 120gm: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen as well as the other component of the proposed topical analgesic are effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Flurbiprofen powder 10% capsaicin powder 0.025% menthol 2% camphor crystals 1% Ultraderm cream Qty 120gm is not medically necessary.

Flurbiprofen powder, Lidocaine hcl powder, Amitriptyline Hcl powder, PCCA lipodermbase: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that any of all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Therefore, the request for Flurbiprofen powder, Lidocaine hcl powder, Amitriptyline Hcl powder, PCCA lipodermbase is not medically necessary.

Gabapentin 10% Cyclobenzaprine 6% Tramadol 10% Lidoderm base: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no

documentation that any of all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Therefore, Gabapentin 10% Cyclobenzaprine 6% Tramadol 10% Lidoderm base is not medically necessary.

Terocin patch: Upheld

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

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

Decision rationale: Terocin patche is formed by the combination of Lidocaine and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains Lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Terocin patches is not medically necessary.

Gabapentin 10%, Dextromethorphan 10%, Amitriptyline Hcl 10% mediderm cream base: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Amitriptyline and gabapentin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Gabapentin 10%, Dextromethorphan 10%, Amitriptyline Hcl 10% mediderm cream base is not medically necessary.

Flurbiprofen 20%, Tramadol Hcl powder 20%, Mediderm cream base: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Flurbiprofen and Tramadol. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Flurbiprofen 20%, Tramadol Hcl powder 20%, Mediderm cream base is not medically necessary.

Gabapentin 10%, Dextromethorphan 10%, Amitriptyline Hcl 10% mediderm cream base:
Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Amitriptyline and gabapentin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Gabapentin 10%, Dextromethorphan 10%, Amitriptyline Hcl 10% mediderm cream base is not medically necessary.

Cyclobenzaprine Hcl 4%, Flurbiprofen 20%, Tramadol Hcl 20%, Mediderm cream base:
Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Cyclobenzaprine, Flurbiprofen, and Tramadol. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Cyclobenzaprine Hcl 4%, Flurbiprofen 20%, Tramadol Hcl 20%, Mediderm cream base is not medically necessary.

Aqua relief system for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs

Decision rationale: According to ODG guidelines, cold therapy is "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel." There is no evidence to support the efficacy of hot and cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There is no controlled studies supporting the use of hot/cold therapy in neck and shoulder pain. Therefore, the request for Aqua relief system for purchase is not medically necessary.

1 Aspen summit back brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is

recommended for prevention and not for treatment. Therefore, the request for Aspen summit back brace for purchase is not medically necessary.