

<b>Case Number:</b>	CM14-0218062		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/14/1995
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 79 year old female who sustained a work related injury on 2/14/1995. The mechanism of injury has not been provided with the clinical documentation submitted for review. Per the Primary Treating Physician's Progress Report (PR2) dated 11/13/2014 the injured worker reported being unable to lay on her right side due to dizziness. Cold weather increases pain to her right knee. She has finished physical therapy and it has been helpful. Objective physical examination revealed restricted range of motion to the cervical spine with tenderness and muscle spasm. Range of motion to the right knee reveals 130 degrees flexion and a positive axial compression test. Diagnoses include status-post right knee arthroscopy (no date is provided) and cervical spine strain/sprain. The plan of care included home exercise program, request for pool therapy and refill medications. Work Status is off work. Prior treatment has included physical therapy but the number of sessions is not provided. On 11/25/2014, Utilization Review non-certified prescriptions for Gabapentin 10%/Lidocaine 5% cream 180gm, and Baclofen 2%/Flurbiprofen 5%/Acetyl L-Carnitine 15% cream 80gm based on lack of medical necessity and 8 pool therapy sessions based on lack of documentation that an aquatic therapy program as opposed to land based therapy is necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Topical Compound Gabapentin 105, Lidocaine 5% cream 180gm:**  
Upheld

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

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

**Decision rationale:** The patient is a 79 year-old female with a 2/14/1995 date of injury. She has chronic pain, involving cervical, thoracic and lumbar regions with history of spinal fusion, depression/ anxiety and alcohol dependence. The 12/04/14 medical report states the patient has 9/10 pain without medications and 4/10 pain with medications. The physician uses the American Quality of Life Scale, Oswestry Disability Index as validated instruments for assessment of function. The "4-As" for opioids are discussed. The patient is at Moderate risk for aberrant behavior with the Opioid Risk Tool. The last urine drug screen was 8/07/2014. The 11/25/14 Utilization Review letter indicates the 11/13/14 medical report was reviewed, and that a topical gabapentin 10% Lidocaine 5% cream, 180gm was denied because there was no evidence of a first-line therapy for neuropathic pain. The 11/13/14 medical report was not provided for this review. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS states that topical gabapentin is not recommended, therefore the whole compounded product that contains gabapentin is not recommended. The request for topical gabapentin 10% Lidocaine 5% cream, 180gm, IS NOT medically necessary.

**(1) Prescription of topical compound Baclofen 25, Flurbiprofen 5%, Acetyl L-carnitine 15% cream 80gm:** Upheld

**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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient is a 79 year-old female with a 2/14/1995 date of injury. She has chronic pain, involving cervical, thoracic and lumbar regions with history of spinal fusion, depression/ anxiety and alcohol dependence. The 12/04/14 medical report states the patient has 9/10 pain without medications and 4/10 pain with medications. The physician uses the American Quality of Life Scale, Oswestry Disability Index as validated instruments for assessment of function. The "4-As" for opioids are discussed. The patient is at Moderate risk for aberrant behavior with the Opioid Risk Tool. The last urine drug screen was 8/07/2014. The 11/25/14 Utilization Review letter indicates the 11/13/14 medical report was reviewed, and the topical compound baclofen 25%, flurbiprofen 5%, acetyl L-carnitine 15% cream, 80 g. was denied because there was no guideline support. The 11/13/14 medical report was not provided for this

review. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS states that topical baclofen is not recommended, therefore the whole compounded product that contains baclofen is not recommended. The request for topical compound baclofen 25%, flurbiprofen 5%, acetyl L-carnitine 15% cream, 80 g. IS NOT medically necessary.

**8 Pool therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

**Decision rationale:** The patient is a 79 year-old female with a 2/14/1995 date of injury. She has chronic pain, involving cervical, thoracic and lumbar regions with history of spinal fusion, depression/ anxiety and alcohol dependence. The 11/25/14 Utilization Review letter indicates the 11/13/14 medical report was reviewed, and that pool therapy was denied because there was no evidence that the patient could not attend land-based therapy. The 11/13/14 medical report was not provided for this review. The 12/04/14 medical report states the patient is 4'0" tall and weighs 167 pounds and currently has 9/10 pain without medications and 4/10 pain with medications. She is reported to have had low back fusion, 3/27-31/2014, and cervical fusion from 12/16/13. There is no mention of pool therapy on the provided medical records, and no discussion on weight-bearing intolerance, or discussion on total number of physical therapy sessions provided outside of the post-surgical treatment timeframe. The 9/25/14 Utilization Review letter states the patient has 12 PT sessions after the lumbar fusion. The 9/10/14 AME report recommended PT for flare-ups. MTUS page 22 for Aquatic therapy states "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy"; and for recommendations on the number of supervised visits, see Physical medicine. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. According to the 9/10/14 AME report, the patient has not had physical therapy since the postsurgical sessions following the 3/27/14 lumbar fusion. The AME recommended PT for future flare-ups. The 11/13/14 medical report that requested the PT was not available for this review, but it appears that the request for 8 sessions of aquatic therapy is in accordance with the AME and the MTUS guidelines. The request for 8 pool therapy sessions IS medically necessary.