MAXIMUS Federal Services

| Case Number: | CM15-0015237 | | |
|---|---|---|---|
| Date Assigned: | 02/03/2015 | Date of Injury: | 04/16/2014 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/09/2015 |
| Priority: | Standard | Application Received: | 01/27/2015 |

## 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: Family Practice

## 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 35 year old, who sustained an industrial injury on 4/16/2014. The diagnoses have included cervical disc protrusion, cervical sprain/strain, thoracic myospasm, lumbar disc protrusion, lumbar pain, lumbar sprain/strain, depression and chronic pain. Treatment to date has included medication, cervical traction system, consultations, and diagnostic testing. Acupuncture and physiotherapy have been requested. Currently, the injured worker complains of constant throbbing neck pain, severe throbbing upper-mid back pain and severe throbbing low back pain. Objective findings included tenderness to palpation and decreased range of motion to the cervical spine, thoracic spine and lumbar spine. Spurling's is negative. On 1/09/2015, Utilization Review non-certified a request for noting that the Cyclobenzaprine2%/ Flurbiprofen 25% 180gm; Capsaicin 0.25%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180gm; Acupuncture treatment (2x6 weeks) cervical spine; cervical traction system; ESWT (extracorporeal shockwave therapy) for cervical spine; physiotherapy (2x6 weeks) cervical spine; and refer to urinalysis testing, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ACOEM Guidelines, ODG and Non-MTUS sources were cited. On 1/27/2015, the injured worker submitted an application for IMR for review of Cyclobenzaprine2%/ Flurbiprofen 25% 180gm; Capsaicin 0.25%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180gm; Acupuncture treatment (2x6 weeks) cervical spine; cervical traction system; ESWT (extracorporeal shockwave therapy) for cervical spine; physiotherapy (2x6 weeks) cervical spine; and refer to urinalysis testing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%/Flurbiprofen 25% 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** Per the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no evidence of neuropathic pain. The guidelines specifically also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti-inflammatory medications are recommended for the first two weeks of treatment of osteoarthritis, and there is no evidence of osteoarthritis in this case. There is also no indication that the injured worker is unable to tolerate oral medications. In addition, the guidelines do not recommend muscle relaxants in a topical formulation. The request for Cyclobenzaprine 2%/Flurbiprofen 25% 180gm is not medically necessary.

**Capsaicin 0.25%/Flurbiprofen 15%/Gabapentin10%/Menthol 2%/Camphor 2% 180gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** Per the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no evidence of neuropathic pain. The guidelines specifically also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical gabapentin is not recommended. The request forCapsaicin 0.25%/Flurbiprofen 15%/Gabapentin10%/Menthol 2%/Camphor 2% 180gms is not medically necessary.

**Acupuncture treatment for the cervical spine 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per the MTUS guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines recommend 3-6 sessions to produce functional treatment. The request for 12 sessions of acupuncture exceeds the recommended amount. In addition, the injured worker has been approved for a short course of chiropractic treatments and undergoing both acupuncture and chiropractic treatments at the same time leads to confusion as to the therapeutic effectiveness of each individual treatment modality. It would be reasonable to the injured worker to complete chiropractic treatments prior to considering acupuncture. The request for Acupuncture treatment for the cervical spine 2 times a week for 6 weeks is not medically necessary.

**Cervical traction system:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Neck and Upper Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter

**Decision rationale:** According to ACOEM Guidelines, there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction and emphasis should focus on functional restoration and return of patients to activities of normal daily living. According to the Official Disability Guidelines, home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. In this case, there is no evidence of cervical radiculopathy, and physical examination has noted a negative Spurling's maneuver. The request for cervical traction system is not medically necessary.

**ESWT (Extracorporeal Shockwave Therapy) for cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield of Alabama, Extracorporeal Shockwave Therapy for Plantar Fasciitis and Other Musculoskeletal Conditions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter, Shock wave therapy

**Decision rationale:** According to the Official Disability Guidelines, the available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of

such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Given that shock waver therapy is not supported for the lumbar spine, the request for this treatment modality for the cervical spine would not be supported as well. The request for ESWT (Extracorporeal Shockwave Therapy) for cervical spine is not medically necessary.

**Physiotherapy for the cervical spine 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Procedure Summary

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

**Decision rationale:** According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is 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. The guidelines recommend up to 10 sessions of physical medicine for this injured worker's injuries. The request for 12 sessions exceeds this amount. In addition, the medical records do not establish results from prior physiotherapy treatments. The request for physiotherapy for the cervical spine 2 times a week for 6 weeks is not medically necessary.

**Urine analysis testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug test, Opioids criteria for use Page(s): 43, 75-78.

**Decision rationale:** The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The medical records do not establish that is the case with this patient. The medical records do not establish that there is concern regarding the use or the presence of illegal drugs. Additionally, the medical records do not establish that there is concern for possible misuse of controlled substances and/or addiction. There is also no evidence that the injured worker is being prescribed medications for which a urine drug testing would be supported for. The reqeust for urine analysis testing is not medically necessary.