

<b>Case Number:</b>	CM15-0149120		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	03/27/2015
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: 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:

The injured worker is a 43-year-old female who sustained an industrial injury on March 27, 2015 resulting in bilateral upper extremity pain, neck pain, low back pain, and bilateral knee pain. She was diagnosed with bilateral knee sprain, bilateral elbow medial and lateral epicondylitis, cervical and lumbar spine musculoligamentous sprain or strain with left lower extremity radiculitis and bilateral sacroiliac joint sprain. Documented treatment since this injury has included medication, chiropractic treatment, physical therapy, and home H-Wave with report of helping her to decrease the need for medication. The injured worker continues to present with pain and limited range of motion. The treating physician's plan of care includes 8 sessions of aquatic therapy, ultrasound of the right elbow and bilateral knees, MRI of the cervical spine, Ultracin topical lotion and Ultracin topical gel. She is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracin topical lotion 120ml:** 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): 111.

**Decision rationale:** The 43-year-old patient complains of neck pain, rated at 6-7/10, lumbar pain, rated at 4/10, bilateral knee pain and right elbow pain, as per progress report dated 07/17/15. The request is for Ultracin topical lotion, 120 ml. The RFA for this request is dated 07/17/15, and the patient's date of injury is 03/27/15. Diagnoses, as per progress report dated 07/17/15, included cervical sprain/strain with bilateral upper extremity radiculitis, cervical spondylosis, lumbar sprain/strain with bilateral lower extremity radiculitis, bilateral knee sprain, and bilateral elbow medial epicondylitis with cubital tunnel syndrome. Medications included Ultram, Norco, and Ultracin gel. The patient is status post right carpal tunnel release in 2000 and left carpal tunnel release in 2007, as per progress report dated 05/27/15. The patient has been allowed to return to modified work, as per progress report dated 07/17/15. MTUS Guidelines, under Topical Analgesics section, page 111 states the following regarding Capsaicin: "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The MTUS guidelines do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis additionally; MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, a prescription for Ultracin lotion is first noted in progress report dated 04/14/15, and the patient has been using it consistently at least since then. The treater does not explain why this topical formulation was chosen and how and where will it be applied. Additionally, there is no documentation of efficacy in terms of reduction in pain and improvement in function. There is no diagnosis of peripheral joint arthritis for which topical NSAIDs such as methyl salicylate are generally indicated. Furthermore, MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. MTUS Guidelines also state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the requested Ultracin topical lotion is not medically necessary.

**Aquatic Therapy 2 x 4:** Upheld

**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 Page(s): 22.

**Decision rationale:** The 43-year-old patient complains of neck pain, rated at 6-7/10, lumbar pain, rated at 4/10, bilateral knee pain and right elbow pain, as per progress report dated 07/17/15. The request is for Aquatic Therapy 2 x 4. There is no RFA for this request, and the patient's date of injury is 03/27/15. Diagnoses, as per progress report dated 07/17/15, included cervical sprain/strain with bilateral upper extremity radiculitis, cervical spondylosis, lumbar sprain/strain with bilateral lower extremity radiculitis, bilateral knee sprain, and bilateral elbow medial epicondylitis with cubital tunnel syndrome. Medications included Ultram, Norco, and Ultracin gel. The patient is status post right carpal tunnel release in 2000 and left carpal tunnel

release in 2007, as per progress report dated 05/27/15. The patient has been allowed to return to modified work, as per progress report dated 07/17/15. MTUS page 22 Aquatic therapy section has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. "In this case, the request for aquatic therapy is noted in progress report dated 07/17/15. The progress reports do not indicate prior therapy although the patient has undergone some chiropractic care. While physical therapy may be beneficial, it is not clear why the patient needs to undergo aquatic therapy instead of traditional therapy. There are no diagnoses of obesity or any other physical condition that is preventing the patient from undergoing land-based therapy. Hence, the treater's request for 8 sessions of aquatic therapy is not medically necessary.

**MRI cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

**Decision rationale:** The 43-year-old patient complains of neck pain, rated at 6-7/10, lumbar pain, rated at 4/10, bilateral knee pain and right elbow pain, as per progress report dated 07/17/15. The request is for MRI cervical spine. There is no RFA for this request, and the patient's date of injury is 03/27/15. Diagnoses, as per progress report dated 07/17/15, included cervical sprain/strain with bilateral upper extremity radiculitis, cervical spondylosis, lumbar sprain/strain with bilateral lower extremity radiculitis, bilateral knee sprain, and bilateral elbow medial epicondylitis with cubital tunnel syndrome. Medications included Ultram, Norco, and Ultracin gel. The patient is status post right carpal tunnel release in 2000 and left carpal tunnel release in 2007, as per progress report dated 05/27/15. The patient has been allowed to return to modified work, as per progress report dated 07/17/15. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, none of the progress reports document prior MRI of the cervical spine. The request for the MRI is noted in progress report dated 07/17/15. The patient does suffer from pain in the cervical spine radiating to bilateral upper extremities. Physical

examination reveals reduced range of motion and positive Spurling's maneuver. Given the chronic pain and the neurologic deficits, the request for an MRI appears reasonable and is medically necessary.

**Right Elbow Ultrasound:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Acute & Chronic under Ultrasound (diagnostic).

**Decision rationale:** The 43-year-old patient complains of neck pain, rated at 6-7/10, lumbar pain, rated at 4/10, bilateral knee pain and right elbow pain, as per progress report dated 07/17/15. The request is for right elbow ultrasound. There is no RFA for this request, and the patient's date of injury is 03/27/15. Diagnoses, as per progress report dated 07/17/15, included cervical sprain/strain with bilateral upper extremity radiculitis, cervical spondylosis, lumbar sprain/strain with bilateral lower extremity radiculitis, bilateral knee sprain, and bilateral elbow medial epicondylitis with cubital tunnel syndrome. Medications included Ultram, Norco, and Ultracin gel. The patient is status post right carpal tunnel release in 2000 and left carpal tunnel release in 2007, as per progress report dated 05/27/15. The patient has been allowed to return to modified work, as per progress report dated 07/17/15. As per ODG guidelines, chapter Forearm, Wrist, & Hand Acute & Chronic under Ultrasound (diagnostic), states "Recommended. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. The ulnar nerve is also easily visualized. Regarding Ultrasound Therapeutic, the guidelines state not recommended. In a Cochrane Database review, there was only weak evidence of a short-term benefit of therapeutic ultrasound for distal radial fractures. Arthritic hands, there is no significant benefit from therapeutic ultrasound for all the outcomes measured after 1, 2 or 3 weeks of treatment. In this RCT, adding ultrasound therapy to splinting was not superior to splinting alone." In this case, none of the progress reports document prior right elbow ultrasound. The request for the ultrasound is noted in progress report dated 07/17/15. As per the report, the patient has been diagnosed with right elbow medial epicondylitis along with cubital tunnel syndrome based on EMG/NCV. Physical examination reveals tenderness and positive Tinel's test. ODG guidelines states that ultrasound procedure is not recommended for therapeutic purposes but it can help detect tendon injuries accurately. Given the patient's symptoms, ultrasound for further evaluation is in accordance with ODG. This request is medically necessary.

**Bilateral Knee Ultrasound:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter under Ultrasound, diagnostic.

**Decision rationale:** Regarding diagnostic ultrasound, the MTUS and ACOEM guidelines do not discuss ultrasound. However, ODG, knee chapter under Ultrasound, diagnostic states recommended for soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. In this case, a request for ultrasound of bilateral knees is noted in progress report dated 07/17/15. The progress reports do not document prior ultrasound but the patient has had an MRI, as per progress report dated 04/14/15. The results of this imaging study are not discussed in the progress reports. The patient has been diagnosed with bilateral knee sprain. Physical examination revealed tenderness, reduced range of motion and positive PF crepitus and positive McMurray's sign. Given the patient's symptoms, an Ultrasound may help with accurate diagnoses. Hence, the request is medically necessary.

**Ultracin topical gel:** 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): 111.

**Decision rationale:** The 43-year-old patient complains of neck pain, rated at 6-7/10, lumbar pain, rated at 4/10, bilateral knee pain and right elbow pain, as per progress report dated 07/17/15. The request is for Ultracin topical gel. The RFA for this request is dated 07/17/15, and the patient's date of injury is 03/27/15. Diagnoses, as per progress report dated 07/17/15, included cervical sprain/strain with bilateral upper extremity radiculitis, cervical spondylosis, lumbar sprain/strain with bilateral lower extremity radiculitis, bilateral knee sprain, and bilateral elbow medial epicondylitis with cubital tunnel syndrome. Medications included Ultram, Norco, and Ultracin gel. The patient is status post right carpal tunnel release in 2000 and left carpal tunnel release in 2007, as per progress report dated 05/27/15. The patient has been allowed to return to modified work, as per progress report dated 07/17/15. MTUS Guidelines, under Topical Analgesics, page 111 states the following regarding Capsaicin: "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The MTUS guidelines do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis additionally; MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, a prescription for Ultracin gel is first noted in progress report dated 04/14/15, and the patient has been using it consistently at least since then. The treater does not explain why this topical formulation was chosen and how and where will it be applied. Additionally, there is no documentation of efficacy in terms of reduction in pain and improvement in function. There is no diagnosis of peripheral joint arthritis for which topical NSAIDs such as methyl salicylate are generally indicated. Furthermore, MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have

failed to provide the desired benefits. MTUS Guidelines also state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the requested Ultracin topical lotion is not medically necessary.