

<b>Case Number:</b>	CM15-0175356		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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:

The injured worker is a female who sustained an industrial injury on January 30, 2014. A recent primary treating office visit dated July 21, 2015 reported the worker stating, "physical therapy is helping." She can walk better with lesser pain at rest. The following diagnoses were applied: left shoulder sprain; lumbar spine strain with sciatica; left groin pain, rule out inguinal or femoral hernia; left knee contusion and sprain and status post right arthroscopic surgery in 2014. The plan of care is with recommendation for a course of physical therapy treating the left shoulder and lumbar spine; general surgery consultation ruling out femoral hernia and prescribed topical cream Flurbiprofen. A therapy visit dated April 14, 2015 reported the following medications prescribed: Flurbiprofen 25 % menthol 10 % Camphor 3% Capsaicin, and Cyclo Tramadol topical creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi-Menthol-Caps cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain.

**Decision rationale:** This medication is a compounded topical analgesic containing flurbiprofen, menthol, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.

**Physical therapy 2 times 3 for the lumbar spine and left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient has had prior treatment with 32 physical therapy visits. This surpasses the recommended maximum of 10 visits. In addition, there is no documentation of objective evidence of functional improvement. The request is not medically necessary.

**General surgery consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Independent medical examinations and consultations Chapter 7 127- 146.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate: Classification, clinical features and diagnosis of inguinal and femoral hernias in adults.

**Decision rationale:** General surgery consult was requested to rule out femoral hernia. A hernia is defined as a protrusion or projection of an organ or a part of an organ through the body wall that normally contains it. Groin hernias are classified by anatomic location as inguinal or femoral. Femoral hernias protrude through the femoral canal. Groin hernias have a variety of clinical presentations ranging from a finding of a painless bulge in the groin region on routine physical examination to emergent, life-threatening presentations due to bowel strangulation. The most common symptom is a heaviness or dull sense of discomfort with straining or lifting, which is relieved once the pressure is removed. Although femoral hernias are the least common type of hernia, 40 percent present as emergencies with incarceration or strangulation. Older women are more likely to present with a hernia emergency due to a higher incidence of femoral hernia. The most common physical finding in adults is a bulge in the groin. Patients will frequently be aware of the bulge and bring it to the attention of the examiner. In many cases, it is easier and more reliable to demonstrate a hernia bulge with the patient standing, although some hernias, particularly strangulated hernias, can be appreciated while the patient is supine. Two-thirds of groin hernias are located on the right side. Ultrasonography is the best initial diagnostic modality for identifying occult inguinal hernia in patients with suggestive symptoms but no detectable hernia on physical examination. In this case, the patient has groin tenderness. There is no detectable bulge on physical examination. Diagnosis of occult hernia is accomplished with diagnostic ultrasonography. General surgery consult is not medically indicated for diagnosing femoral hernia. The request is not medically necessary.