

<b>Case Number:</b>	CM15-0071096		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 27-year-old who has filed a claim for chronic neck, back, shoulder, and forearm pain reportedly associated with an industrial injury of November 17, 2014. In a Utilization Review report dated March 6, 2015, the claims administrator denied several topical compounded medications, twelve sessions of physical therapy, and a TENS unit purchase. The claims administrator referenced a RFA form received on February 17, 2015 in its determination, along with an associated progress note of February 13, 2015. The applicant's attorney subsequently appealed. In a handwritten note dated March 15, 2015, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability. Electrodiagnostic testing of bilateral upper extremities, a general orthopedic consultation, additional chiropractic manipulative therapy, physical therapy, several topical compounds, and a functional capacity evaluation were endorsed. Multifocal complaints of neck, low back, and shoulder pain were reported. The note comprised, in large part, of printed checkboxes, without much in the way of supporting rationale or narrative commentary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One container of flurbiprofen 20%/baclofen 10%/dextromethasone 2%/hyaluronic acid 0.2%, 240 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

**Decision rationale:** No, the flurbiprofen-baclofen-dexamethasone-hyaluronic acid compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**One container of gabapentin 10%/amitriptyline 10%/bupivacaine 5%/hyaluronic acid 0.2%, 240 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

**Decision rationale:** Similarly, the request for a gabapentin-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes, resulting in the entire compounds carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Twelve physical therapy sessions for the right arm, right shoulder, and neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**Decision rationale:** Similarly, the request for 12 sessions of physical therapy for the shoulder, arm, and neck was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, despite receipt of earlier unspecified amounts of physical therapy. The applicant remained dependent on various forms of medical treatment, including several topical compounded medications. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite

receipt of earlier unspecified amounts of physical therapy. Therefore, the request for additional physical therapy was not medically necessary.

**One transcutaneous electrical nerve stimulator (TENS) unit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** Finally, the request for a TENS unit [purchase] was likewise not medically necessary, medically appropriate, or indicated here. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of favorable outcomes in terms of both pain relief and function. Here, however, it did not appear that the applicant had received a successful one-month trial of the TENS unit in question before a request to purchase the same was initiated. The attending provider's documentation comprised, in large part, of preprinted checkboxes, with little in the way of narrative commentary or supporting rationale. Therefore, the request was not medically necessary.