

<b>Case Number:</b>	CM15-0075839		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	02/15/2015
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 44 year old female who has reported multifocal pain after an injury on 2/15/15. The mechanism of injury may have included a contusion or a lifting injury. The diagnoses have included left wrist sprain/strain/contusion, cervical strain, lumbar strain, shoulder strain, and depression. Treatment to date has included physical therapy and medications. Reports from the initial primary treating physician during February-March 2015 reflect high pain levels in the neck, shoulder and low back, a completed course of physical therapy, oral medications, and minimal improvement. On 3/17/15 the injured worker was seen by the primary treating physician for shoulder and low back pain. Current medications were listed as Norco and ibuprofen. 6/6 physical therapy sessions were stated to be completed. The work status was modified. Apparently the injured worker changed primary treating physicians after this visit. On 3/26/15 the current primary treating physician first evaluated this injured worker. The injured worker was off work and was not improved. There was left wrist and hand pain, with tenderness and limited range of motion. No further details were provided regarding the injury history, content and results of prior treatment or tests, or indications for any of the listed treatment requests. The treatment plan included tramadol, cyclobenzaprine, two compounded topical agents, an interferential stimulation unit, physical therapy, and a hot-cold unit. The work status was "temporarily totally disabled." The Request for Authorization also listed x-ray studies of the neck and low back, right shoulder MRI, and a psychological consultation. The physical therapy prescription was for the neck and low back. The subsequent records include reports of physical medicine treatment initiated on 4/10/15, provided by a chiropractor, and which appear to refer to generic passive physical therapy modalities with therapeutic exercise. On 4/9/15 Utilization Review non-certified topical compounds, physical therapy, an interferential stimulation unit, and x-ray studies. The requests did not comply with the cited guidelines, per the Utilization Review decision.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: NPC1 - Gabapentin 10%, Bupivaicaine 5% in cream base 180gm:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS recommends only topical anesthetic for chronic pain, Lidoderm, and only for neuropathic pain. There is no evidence for neuropathic pain in this case. The topical anesthetic prescribed in this case is not Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. Per the MTUS citation, there is no good evidence in support of topical gabapentin and it is not recommended. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

**Compound medication: MPHCC1 - Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.025% in cream base 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications

simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. Per the MTUS, topical non-steroidal anti-inflammatory agents (NSAIDs) for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. The treating physician did not provide any indications or body part intended for this NSAID. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. The treating physician has not provided any indications of a skin condition for which a topical steroid would be indicated. Topical steroids have no accepted indication for chronic musculoskeletal pain. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

**Physical therapy - lumbar spine 2 x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. The prescription was for treatment of the neck and low back. There was no account of the signs or symptoms of a condition in the neck and low back. There was no account of the prior course of physical therapy, including any specific results. The available reports seem to imply no benefit from prior physical therapy, which raises the question of why the treating physician would be prescribing a treatment that has already failed. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Typical courses of Physical Medicine for chronic pain rely on passive modalities rather than active modalities and functional improvement. Given the completely non-specific prescription for physical therapy in this case, it is presumed that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic

ultrasound and passive modalities for treating chronic pain. Physical Medicine for chronic pain should be focused on progressive exercise and self-care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for physical therapy in cases of chronic pain is not sufficient. Total disability work status implies a likely lack of ability to attend physical therapy. Temporarily totally disabled status is not an appropriate baseline for initiation of a physical therapy program emphasizing functional improvement. Total disability work status implies a complete lack of functional improvement from prior treatment, including physical therapy. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, lack of sufficient clinical evaluation, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.

**IF unit (purchase) for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 119. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Chronic Pain Update 8/14/08, Page 189, IF stimulation ACOEM Guidelines update, 4/7/08, Low Back, page 166, IF stimulation.

**Decision rationale:** The ACOEM guidelines, 2004 version and the updated chapters cited above, do not recommend interferential therapy for any pain or injury conditions. The MTUS for Chronic Pain provides very limited support for interferential treatment, notes the poor quality of medical evidence in support of interferential stimulation therapy, and states that there is insufficient evidence for using interferential stimulation for wound healing or soft tissue injury. The treating physician has not provided a treatment plan which includes interferential stimulation therapy in the context of the recommendations of the MTUS. This includes return to work, exercise, medications, and no conductive garment. The temporarily totally disabled work status is evidence of a treatment plan not sufficiently focused on improving function. The interferential unit is not medically necessary based on lack of medical evidence, guidelines, and a treatment plan not in accordance with guidelines.

**Physical therapy - right shoulder 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. The request for authorization was for treatment of the neck and low back, and the progress note discusses physical therapy for the left wrist/hand, not the shoulder. There was no account of the signs or symptoms of a condition in the shoulder. There was no account of the prior course of physical therapy, including any specific results. The available reports seem to imply no benefit from prior physical therapy, which raises the question of why the treating physician would be prescribing a treatment that has already failed. No medical reports identify specific functional deficits, or

functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Typical courses of Physical Medicine for chronic pain rely on passive modalities rather than active modalities and functional improvement. Given the completely non-specific prescription for physical therapy in this case, it is presumed that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. Physical Medicine for chronic pain should be focused on progressive exercise and self-care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for physical therapy in cases of chronic pain is not sufficient. Total disability work status implies a likely lack of ability to attend physical therapy. Temporarily totally disabled status is not an appropriate baseline for initiation of a physical therapy program emphasizing functional improvement. Total disability work status implies a complete lack of functional improvement from prior treatment, including physical therapy. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, lack of sufficient clinical evaluation, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.

**Physical therapy - left wrist/hand 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. The request for authorization in the records was for treatment of the neck and low back, not an extremity. There was an insufficient account of the signs and symptoms in the wrist and hand. There was no account of the prior course of physical therapy, including any specific results. The available reports seem to imply no benefit from prior physical therapy, which raises the question of why the treating physician would be prescribing a treatment that has already failed. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Typical courses of Physical Medicine for chronic pain rely on passive modalities rather than active modalities and functional improvement. Given the completely non-specific prescription for physical therapy in this case, it is presumed that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. Physical Medicine for chronic pain should be focused on progressive exercise and self-care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for physical therapy in cases of chronic pain is not sufficient. Total disability work status implies a likely lack of ability to attend physical therapy. Temporarily totally disabled status is not an appropriate baseline for initiation of a physical therapy program emphasizing functional improvement. Total disability work status implies a complete lack of functional improvement from prior treatment, including physical therapy. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, lack of sufficient clinical evaluation, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.

## **X-rays - lumbosacral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (x-rays).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 290-296, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Radiography (x-rays).

**Decision rationale:** The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination." No red flag conditions are identified. The treating physician has not provided an adequate clinical evaluation, as outlined in the MTUS ACOEM Guidelines Pages 291-296. The report did not provide any evaluation of the low back. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. The treating physician has not provided specific indications for performing imaging. The treating physician did not provide evidence of an adequate, and failed, course of conservative care prior to ordering imaging studies. Imaging of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself an indication for imaging. Imaging of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS and the Official Disability Guidelines.

## **Physical therapy - cervical spine 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. The prescription was for treatment of the neck and low back. There was no account of the signs or symptoms of a condition in the neck and low back. There was no account of the prior course of physical therapy, including any specific results. The available reports seem to imply no benefit from prior physical therapy, which raises the question of why the treating physician would be prescribing a treatment that has already failed. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Typical courses of Physical Medicine for chronic pain rely on passive modalities rather than active modalities and functional improvement. Given the completely non-specific prescription for physical therapy in this case, it is presumed that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. Physical Medicine for chronic pain should be focused on progressive exercise and self-care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for physical therapy in cases of chronic pain is not sufficient. Total disability work status implies a likely lack of ability to attend physical therapy. Temporarily totally disabled status is not an appropriate baseline for initiation of a physical therapy program emphasizing functional

improvement. Total disability work status implies a complete lack of functional improvement from prior treatment, including physical therapy. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, lack of sufficient clinical evaluation, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.