

<b>Case Number:</b>	CM15-0077009		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	02/13/2015
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 52-year-old male, who sustained an industrial injury on February 13, 2015. He has reported back pain, leg pain, and shoulder pain. Diagnoses have included lumbar spine radiculopathy, lumbar spine strain/sprain, right shoulder bursitis, right shoulder impingement syndrome, left shoulder bursitis, and left shoulder impingement syndrome. Treatment to date has included medications, chiropractic treatment, and imaging studies. A progress note dated April 2, 2015 indicates a chief complaint of lower back pain radiating to the left leg with tingling, mid back pain, and bilateral shoulder pain. The treating physician documented a plan of care that included medications, urine drug screen, and functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% 210gm: Upheld**

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

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

**Decision rationale:** The patient presents on 04/02/15 with lower back pain rated 10/10, which radiates into the left lower extremity, right shoulder pain rated 4-5/10, and left shoulder pain rated 4-5/10. The patient's date of injury is 02/13/15. Patient has no documented surgical history directed at these complaints. The request is for 1 PRESCRIPTION FOR COMPOUNDED GABAPENTIN 10%, AMITRIPTYLINE 10%, BUPIVACAINE 5%, 210GM. The RFA is dated 04/02/15. Physical examination dated 04/02/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, and negative straight leg raise bilaterally. Right shoulder examination reveals tenderness to palpation of the lateral aspect of the joint with spasm noted, positive Neer's test, positive Hawkin's test, and reduced range of motion in all planes; especially abduction. Left shoulder examination reveals tenderness to palpation of the lateral aspect of the joint, positive Neer's test, and positive Hawkin's test. The patient is currently prescribed Tramadol, Cyclobenzaprine, and Gabapentin. Diagnostic imaging included lumbar X-ray dated 02/13/15, significant findings include "Mild degenerative lumbar spondylosis with narrowed disc spaces upper and lower LS spine without acute process." An MRI of the right shoulder was also provided, significant findings include "Partial tear of supraspinatus and infraspinatus tendons. Osteoarthropathy of acromioclavicular joint. Lateral downsloping of acromion process. Biceps tenosynovitis. Subchondral cyst/erosion at lateral aspect of humeral head. increase signal noted in anterior and superior labrum on PDW images suggestive of degeneration versus partial tear." Per 04/02/15 progress note, patient is advised to remain off work until 05/17/15. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Gabapentin: Not recommended." About the request for a compounded cream containing Gabapentin, Amitriptyline, and Bupivacaine; the requested cream contains ingredients which are not supported by guidelines as topical agents. Gabapentin is not supported by MTUS guidelines in topical formulations. Guidelines also specify that any cream, which contains an unsupported ingredient, be not indicated. Therefore, the request IS NOT medically necessary.

**Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 25, Capsaicin 0.025% 210gm:** Upheld

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

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

**Decision rationale:** The patient presents on 04/02/15 with lower back pain rated 10/10, which radiates into the left lower extremity, right shoulder pain rated 4-5/10, and left shoulder pain rated 4-5/10. The patient's date of injury is 02/13/15. Patient has no documented surgical history directed at these complaints. The request is for 1 PRESCRIPTION FOR COMPOUNDED FLURBIPROFEN 20%, BACLOFEN 5%, DEXAMETHAZONE 2%, MENTHOL 2%, CAMPHOR 2%, CAPSAICIN 0.025% 210GM. The RFA is dated 04/02/15. Physical examination dated 04/02/15 reveals tenderness to palpation of the lumbar paraspinal

muscles with spasms noted, and negative straight leg raise bilaterally. Right shoulder examination reveals tenderness to palpation of the lateral aspect of the joint with spasm noted, positive Neer's test, positive Hawkin's test, and reduced range of motion in all planes; especially abduction. Left shoulder examination reveals tenderness to palpation of the lateral aspect of the joint, positive Neer's test, and positive Hawkin's test. The patient is currently prescribed Tramadol, Cyclobenzaprine, and Gabapentin. Diagnostic imaging included lumbar X-ray dated 02/13/15, significant findings include "Mild degenerative lumbar spondylosis with narrowed disc spaces upper and lower LS spine without acute process." An MRI of the right shoulder was also provided, significant findings include "Partial tear of supraspinatus and infraspinatus tendons. Osteoarthropathy of acromioclavicular joint. Lateral downsloping of acromion process. Biceps tenosynovitis. Subchondral cyst/erosion at lateral aspect of humeral head. increase signal noted in anterior and superior labrum on PDW images suggestive of degeneration versus partial tear." Per 04/02/15 progress note, patient is advised to remain off work until 05/17/15. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Baclofen: Not recommended." About the request for a compounded cream containing Flurbiprofen, Baclofen, Dexamethazone, Menthol, Camphor, and Capsaicin; the requested cream contains ingredients which are not supported by guidelines as topical agents. Baclofen is not supported by MTUS guidelines in topical formulations. Guidelines also specify that any cream, which contains an unsupported ingredient, is not indicated. Therefore, the request IS NOT medically necessary.

### **1 Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty, Functional Capacity Evaluations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 page 137, functional capacity evaluation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic chapter, Functional capacity evaluation (FCE).

**Decision rationale:** The patient presents on 04/02/15 with lower back pain rated 10/10, which radiates into the left lower extremity, right shoulder pain rated 4-5/10, and left shoulder pain rated 4-5/10. The patient's date of injury is 02/13/15. Patient has no documented surgical history directed at these complaints. The request is for 1 FUNCTIONAL CAPACITY EVALUATION. The RFA is dated 04/02/15. Physical examination dated 04/02/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, and negative straight leg raise bilaterally. Right shoulder examination reveals tenderness to palpation of the lateral aspect of the joint with spasm noted, positive Neer's test, positive Hawkin's test, and reduced range of motion in all planes; especially abduction. Left shoulder examination reveals tenderness to palpation of the lateral aspect of the joint, positive Neer's test, and positive Hawkin's test. The patient is currently prescribed Tramadol, Cyclobenzaprine, and Gabapentin. Diagnostic imaging included lumbar X-ray dated 02/13/15, significant findings include "Mild degenerative lumbar spondylosis with narrowed disc spaces upper and lower LS spine without acute process." An MRI of the right shoulder was also provided, significant findings include "Partial tear of supraspinatus and

infraspinatus tendons. Osteoarthropathy of acromioclavicular joint. Lateral downsloping of acromion process. Biceps tenosynovitis. Subchondral cyst/erosion at lateral aspect of humeral head. Increase signal noted in anterior and superior labrum on PDW images suggestive of degeneration versus partial tear." Per 04/02/15 progress note, patient is advised to remain off work until 05/17/15. Regarding functional capacity evaluation, ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations" The employer or claim administrator may request functional ability evaluations. "There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG Fitness for Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states:"Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." About the request for a functional capacity evaluation, this patient does not meet guideline criteria for such an evaluation. Functional capacity evaluations are recommended by ODG as a prerequisite to work hardening programs designed to return a patient to the workforce. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessments of the patient's limitations are as good as, what can be obtained via an FCE. Therefore, the request IS NOT medically necessary.

#### **1 Urine drug screen:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)pain chapter, urine drug testing.

**Decision rationale:** The patient presents on 04/02/15 with lower back pain rated 10/10, which radiates into the left lower extremity, right shoulder pain rated 4-5/10, and left shoulder pain rated 4-5/10. The patient's date of injury is 02/13/15. Patient has no documented surgical history directed at these complaints. The request is for 1 URINE DRUG SCREEN. The RFA is dated 04/02/15. Physical examination dated 04/02/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, and negative straight leg raise bilaterally. Right shoulder examination reveals tenderness to palpation of the lateral aspect of the joint with spasm noted, positive Neer's test, positive Hawkin's test, and reduced range of motion in all planes; especially abduction. Left shoulder examination reveals tenderness to palpation of the lateral aspect of the joint, positive Neer's test, and positive Hawkin's test. The patient is currently prescribed Tramadol, Cyclobenzaprine, and Gabapentin. Diagnostic imaging included lumbar X-ray dated 02/13/15, significant findings include "Mild degenerative lumbar spondylosis with narrowed disc spaces upper and lower LS spine without acute process." An MRI of the right shoulder was also provided, significant findings include "Partial tear of supraspinatus and infraspinatus tendons. Osteoarthropathy of acromioclavicular joint. Lateral downsloping of acromion process. Biceps tenosynovitis. Subchondral cyst/erosion at lateral aspect of humeral head. Increase signal noted in anterior and superior labrum on PDW images suggestive of degeneration versus partial tear." Per 04/02/15 progress note, patient is advised to remain off work until 05/17/15. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial

screening, with the first 6 months for management of chronic opiate use in low-risk patients. About the urine drug screen, the request is appropriate. There is no indication in the records provided that this patient's has had any urine drug screens to date. Utilization review denied this request because this patient was not taking any narcotic medications, though progress note dated 04/02/15 lists Tramadol as one of this patient's active medications. The provider is justified in seeking urine drug screen confirmation of medication compliance. Therefore, the request IS medically necessary.