

Case Number:	CM15-0095392		
Date Assigned:	05/21/2015	Date of Injury:	04/30/2009
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/18/2015

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 59 year old male, who sustained an industrial injury on 4/30/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical, thoracic and lumbosacral musculoligamentous sprain/strain exacerbation and status post left shoulder replacement surgery. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 2/26/2015, the injured worker complains of pain in the neck, back and left shoulder, rated 5/10 with 8/10 at its maximum. Physical examination showed tenderness to palpation over the cervical, thoracic and lumbar paraspinal muscles and bilateral trapezius muscles with palpable spasm. The treating physician is requesting Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in cream base 180 gm, Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Dexamethasone 2%/Menthol 2%/Capsaicin 0.025% in cream base 180gm, 8 sessions of physical therapy for the cervical, thoracic and lumbar spine, urine drug screen and patient education web classes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in cream base 180gm: 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): 111-113.

Decision rationale: The patient was injured on 04/30/09 and presents with pain in his cervical spine, lumbar spine, left shoulder, and left trapezius. The request is for AMITRIPTYLINE 10%/ GABAPENTIN 10%/ BUPIVICAINE 5% IN CREAM BASE 180 GM. There is no RFA provided and the patient is permanent and stationary. MTUS guidelines has the following regarding topical creams (p111, chronic pain section): "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended." MTUS continues to state that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." The patient is diagnosed with cervical, thoracic and lumbosacral musculoligamentous sprain/strain exacerbation, and status post left shoulder replacement surgery. Amitriptyline is a tricyclic antidepressant. MTUS specifically states that anti-depressants such as Amitriptyline are not recommended and this ingredient has not been tested for transdermal use with any efficacy. The requested compounded cream also contains Gabapentin which is not indicated by guidelines. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Neither Amitriptyline nor Gabapentin are indicated for topical cream. The requested compounded cream IS NOT medically necessary.

Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Dexamethasone 2%/Menthol 2%/Capsaicin 0.025% in cream base 180gm: 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): 111-113.

Decision rationale: The patient was injured on 04/30/09 and presents with pain in his cervical spine, lumbar spine, left shoulder, and left trapezius. The request is for FLURBIPROFEN 20%/ BACLOFEN 5%/ CAMPHOR 2%/ DEXAMETHASONE 2%/ MENTHOL 2%/ CAPSAICIN 0.025% IN CREAM BASE 180 GM. There is no RFA provided and the patient is permanent and stationary. MTUS guidelines has the following regarding topical creams (page 111, chronic pain section): "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory

agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Capsaicin is indicated for most chronic pain conditions. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. The patient is diagnosed with cervical, thoracic and lumbosacral musculoligamentous sprain/strain exacerbation, and status post left shoulder replacement surgery. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Baclofen is not indicated for topical cream. Therefore, the entire compounded product is not recommended. The requested compounded cream IS NOT medically necessary.

Physical therapy 2 x 4, cervical spine, lumbar spine: Upheld

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

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

Decision rationale: The patient was injured on 04/30/09 and presents with pain in his cervical spine, lumbar spine, left shoulder, and left trapezius. The request is for PT 2 X 4 FOR THE CERVICAL AND LUMBAR SPINE. There is no RFA provided and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient had a recent surgery. The report with the request is not provided. The utilization review denial letter states that the patient has had 6 sessions of therapy to date. MTUS pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The patient is diagnosed with cervical, thoracic and lumbosacral musculoligamentous sprain/strain exacerbation, and status post left shoulder replacement surgery. The patient's shoulder surgery appears to have been from a while ago and is not currently in post-operative time-frame. The patient has had 6 prior physical therapy; however, there is no indication of when all of these sessions took place or how these sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. An additional 8 sessions of therapy to the 6 sessions the patient has already had exceeds what is allowed by MTUS guidelines. Therefore, the request IS NOT medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 04/30/09 and presents with pain in his cervical spine, lumbar spine, left shoulder, and left trapezius. The request is for a URINE TOXICOLOGY. There is no RFA provided and the patient is permanent and stationary. The report with the request is not provided and there are no prior urine drug screens provided for review. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The reason for the request is not provided. The patient is diagnosed with cervical, thoracic and lumbosacral musculoligamentous sprain/strain exacerbation, and status post left shoulder replacement surgery. As of 02/26/15, the patient is taking Norco. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at 'high risk' for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. Therefore, the requested urine toxicology IS NOT medically necessary.

Patient education web classes: Upheld

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 Low Back chapter- Lumbar & Thoracic, Education.

Decision rationale: The patient was injured on 04/30/09 and presents with pain in his cervical spine, lumbar spine, left shoulder, and left trapezius. The request is for PATIENT EDUCATION WEB CLASSES. The utilization review denial rationale is that the treater "does not specify the goal and content of the education classes." There is no RFA provided and the patient is permanent and stationary. ODG Guidelines, Low Back chapter- Lumbar & Thoracic, states the following under education: "Recommended for treatment, but not necessarily for prevention. Patient education may only be informal advice from the treating doctor, and should include reassurance that 90% of patients with low back pain will get better on their own, and resumption of normal activity has the best long-term outcomes." The reason for the request is not provided. The patient is diagnosed with cervical, thoracic and lumbosacral musculoligamentous sprain/strain exacerbation, and status post left shoulder replacement surgery. There is no discussion regarding why the patient may need these web class and the progress reports provided do not define the goals from these web classes, nor do they reveal any steps taken by the patient to improve his education on his health. Therefore, the requested pain education web classes IS NOT medically reasonable.