



## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The IMR application shows the patient is disputing the 7/26/13 UR decision. The 7/26/13 UR letter from [REDACTED] is in response to an RFA received on 7/19/13, and denies acupuncture, topical compounded medications, tramadol and PT 2x3. There are some handwritten PR2 from 7/19/13, 6/28/13 and 3/29/13, but unfortunately, most of the handwriting is illegible to me. It appears that on 7/19/13 the patient had low back pain 4-7/10 from a recent flare up, the diagnosis was Morton's neuroma, metatarsal fracture and lumbar DDD. There is a 2/20/13 AME report from Dr [REDACTED] that provides a better picture. The patient has neck pain with radiculitis, lumbar pain with sciatica and right foot/ankle pain. He is 51 YO, and on 8/15/11 fell 9ft through a patio cover and fractured his right 4th and 5th metatarsals. He had a subsequent accident in Feb. 2013 when he tripped over a dog.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Ten (10) sessions of acupuncture is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

There is no indication the patient has had a trial of acupuncture. MTUS states an initial course of acupuncture 3-6 sessions should start to show functional improvement, and if there is functional improvement, the visits can be extended. The request for 10 acupuncture sessions will exceed

MTUS recommendations of 3-6 sessions. **The request for ten (10) sessions of acupuncture is not medically necessary and appropriate.**

**2. Transdermal cream: Flurbiprofen 25%/Lidocaine 5% is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pgs. 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested cream is a compound of Flurbiprofen and lidocaine. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria. **The request for Transdermal cream: Flurbiprofen 25%/Lidocaine 5% is not medically necessary and appropriate.**

**3. Transdermal cream: Tramadol 15% / Dextro 10% / Capsaicin 0.025% is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pgs. 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound medication request contains capsaicin. MTUS criteria for capsaicin states it is an option for patients who have no response to or are intolerant to other treatments. There was no indication that the patient tried other treatment, and therefore does not meet the MTUS criteria for capsaicin. Since the capsaicin component of the compound would not be recommended, the whole compound is not recommended. **The request for Transdermal cream: Tramadol 15% / Dextro 10% / Capsaicin 0.025% is not medically necessary and appropriate.**

**4. Tramadol 150mg #60 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints, pgs. 8-9, which is part of the MTUS..

The Physician Reviewer's decision rationale:

The physician's PR2 has a check box for the medications prescribed, but the documentation of efficacy, if any, is handwritten and is not legible to me. I am not able to tell if the medication helps decrease pain, or improve function or quality of life. MTUS states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The reporting requirements have not been met, and I am unable to tell if there has been a satisfactory response. The medication cannot be assumed to be in accordance with MTUS guidelines. **The request for Tramadol 150mg #60 is not medically necessary and appropriate.**

**5. Physical therapy two (2) times a week for three (3) weeks for the neck and back is medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pgs. 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS recommends PT for chronic pain. The 2/20/13 AME report noted a recent flare up of pain when the patient tripped on his dog. The AME report suggested future medical for PT for flare ups. The 7/19/13 PR2 while largely illegible, I can see it appears to say "LB pain 4-7/10 with recent flare up" I did not see any indication of PT since the flare-up. The request for PT 2x3 appears to be in accordance with MTUS guidelines, and the 2/20/13 AME. **The request for Physical therapy two (2) times a week for three (3) weeks for the neck and back is medically necessary and appropriate.**

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0011964