

<b>Case Number:</b>	CM15-0127398		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	11/24/2009
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 55-year-old female, who sustained an industrial injury on 11/24/2009. The injured worker was diagnosed as having status post take down of pseudoarthrosis and refusion with transforaminal lumbar interbody fusion at L4-5 with instrumentation and right iliac crest bone graft on 4/23/2013, status post anterior posterior lumbar fusion at L5-S1, solid L5-S1 with adequate decompression, status post removal of hardware at L5-S1 with L4-5 posterior lumbar interbody fusion in 8/2010, stenosis with internal disc disruption and collapse at L2-3 and L3-4, with central and lateral recess stenosis, normal appearing L1 and more proximally, status post lumbosacral reconstruction with residuals, progressing well, bilateral knee musculoligamentous sprain-strain, rule out internal derangement, status post arthroscopy left knee, bilateral foot and arch pain, sleep apnea, internal medical issues, bilateral knee internal derangement, right knee medial meniscus tear, rule out accelerated transition syndrome, and status post bilateral medial and lateral meniscectomy. Treatment to date has included diagnostics, multiple spinal and orthopedic surgeries, physical therapy, and medications. Currently, the injured worker complains of intermittent neck pain, constant low back pain rated 8-9/10 with radiation to the bilateral buttocks and lower extremities, numbness and tingling of the right leg and foot, constant right knee pain rated 6/10, and constant left knee pain rated 4-5/10. She also reported anxiety and depression. Physical exam noted a body mass index of 30%. Exam of the knee revealed a clean, dry, and intact incision. The sutures were removed and steri strips were applied. The treatment plan included physical therapy for the lumbar spine, magnetic

resonance imaging of the lumbar spine, one-year gym membership, and medications (oral and topical). Her work status was permanent and stationary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy for the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS support physical therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring strength, endurance, flexibility, function, range of motion and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of treatment in order to maintain improvement levels. In this case, there is no documentation of an examination of lumbosacral spine. The patient has chronic low back pain and a history of multiple failed back and knee surgeries. The documentation submitted does not establish the medical necessity for physical therapy. There is also no specific request for duration and frequency of physical therapy. Therefore, the request is not medically necessary or appropriate.

#### **MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request is for an MRI of the LS spine in a patient with chronic low back pain following multiple failed low back surgeries. ACOEM Guidelines state that imaging should be reserved for cases in which surgery is considered or red flag (tumor, infection, fracture, progressive nerve compromise) are being evaluated. In this case, documentation does not state that the patient is a surgical candidate or has any red flag conditions. No neurologic dysfunction is documented. There have been no significant changes in the patient's complaints or physical findings. Therefore, the medical necessity of an MRI of the LS spine is not medically necessary.

#### **One year gym membership: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter (Gym memberships).

**Decision rationale:** ODG does not recommend gym memberships, as they are not considered medical treatment and therefore are not covered under the ODG. There is a lack of documentation in this case of exceptional factors to support non-adherence to guideline recommendations. Gym membership may be considered in cases where a home exercise program has been ineffective or if there is a need for equipment. In this case, there is no evidence of a home exercise program and no need for specialized equipment is documented. There is no evidence that a gym membership will be administered by medical professionals and monitored for compliance and functional goals. Therefore, the request for a gym membership is not medically necessary or appropriate.

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants Page(s): 41-42, 64.

**Decision rationale:** CA MTUS Guidelines state that Cyclobenzaprine is a muscle relaxant that is recommended for a short course (less than 2 weeks) of therapy in patients with acute muscle spasm. Limited, mixed evidence does not allow for chronic use. In this case, the patient is prescribed Cyclobenzaprine beyond the recommended guidelines. The documentation submitted does not provide a physical exam of the low back region. There is no documentation of muscle spasm. Further, there is not documentation of functional benefit with past use of muscle relaxants. The request for Cyclobenzaprine is thus not medically necessary or appropriate.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/GI symptoms Page(s): 68.

**Decision rationale:** CA MTUS Guidelines state that proton pump inhibitors (PPI) such as Prilosec are recommended for GI conditions such as heartburn, gastritis, peptic ulcer disease and gastroesophageal reflux. They are also recommended for patients who suffer from NSAID-induced dyspepsia or in patients at intermediate-high risk for significant GI events. In this case, the patient does not have any documented GI pathology as noted above and no NSAID-induced dyspepsia. The patient appears to be at low risk for a significant GI event based on the documentation. Therefore, the request for Prilosec is not medically necessary or appropriate.

**Flurbiprofen 20% cream 120gm:** 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 Topical analgesics Page(s): 111-113.

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs, such as Flurbiprofen, have been shown to be superior to placebo in the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine. In this case, there is no specific diagnosis of osteoarthritis or tendinitis, the only indication for topical NSAIDs. This patient is already taking an oral NSAID (Anaprox), and there is no rationale for two NSAIDs, which increase her risk for adverse GI events. Therefore, based on the above, the request for Flurbiprofen is not medically necessary or appropriate.

**Ketoprofen 20%/Ketamine 10% cream 120gm:** 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 Topical analgesics Page(s): 111-113.

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs, such as Flurbiprofen, have been shown to be superior to placebo in the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine. In this case, there is no specific diagnosis of osteoarthritis or tendinitis, the only indication for topical NSAIDs. This patient is already taking an oral NSAID (Anaprox), and there is no rationale for two NSAIDs, which increase her risk for adverse GI events. Therefore, based on the above, the request for Flurbiprofen is not medically necessary or appropriate.

**Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream 120gm:** 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 Topical analgesics Page(s): 111-113.

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. In this case, the request is for a compounded product that contains three drugs that are not recommended. Gabapentin and muscle relaxants like Flexeril are specifically not recommended. Capsaicin is an option in patients who have not responded or are intolerant to other treatments. In this case, the request is for a compounded product with 0.0375% of

Capsaicin; however, there is no current indication that this increase over the standard 0.025% formulation provides any further efficacy. Therefore, the request for this compounded product is not medically necessary or appropriate.