



class) that is not recommended is not recommended." MTUS also states topical anagesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Finally, for capsaicin, MTUS states, "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The patient is reported to be using naproxen, Tramadol and Prilosec. The available records for this IMR, extend back through 7/12/12 and do not discuss efficacy of the medications, or describe any neuropathic pain, or list failures of trials of antidepressants and anticonvulsants. The capsaicin component of the topical cream is not in accordance with MTUS guidelines, therefore the whole compound topical Exoten-C is not recommended by MTUS.

**Cycloketorub-L 3%/20%/6.15%:** Upheld

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

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

**Decision rationale:** MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The description of CycloKetoRub-L was not provided. MTUS does not recommend topical cyclobenzaprine, or topical ketoprofen or gel or lotion forms of topical lidocaine. If the medication contained any one of these, the whole product would not be recommended. I regard to topical analgesics, MTUS states, "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The patient is described as having knee internal derangement, s/p surgery, and strain/sprain. There is no mention of neuropathic pain, and no mention of failure of antidepressants and anticonvulsants. The request is not in accordance with MTUS guidelines.

**U-Cream:** 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:** A description of U-cream was not provided. However, in relation to topical analgesics, MTUS states, "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The patient is described as having knee internal derangement, s/p surgery, and strain/sprain. There is no mention of neuropathic pain, and no mention of failure of antidepressants and anticonvulsants. The request is not in accordance with MTUS guidelines.

**Cyclobenzaprine HCL 7.5 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** There are no reports available from the prescribing physician. There is no rationale provided for cyclobenzaprine. The prescription is incomplete and the dosage is not provided. It is unknown if the patient is taking the medication twice a day, once a day or three times a day or more. The MTUS guidelines state cyclobenzaprine can be titrated from 5mg, 3 times a day up to 10mg 3 times a day. If the 7.5mg tablets, #90 were to be used 3 times a day, the prescription would last 30 days or about 4 weeks. MTUS for cyclobenzaprine states it is not to be used over 3-weeks. The request for #90 tablets would exceed the MTUS recommendations if the medication were to be taken 3 times a day. Since the prescription is incomplete, I cannot verify whether the dosage and duration is in accordance with MTUS recommendations.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 137-138.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 137-138.

**Decision rationale:** MTUS/Chronic pain and MTUS/ACOEM topics did not discuss functional capacity evaluations, but ACOEM chapter 7 does. ACOEM states, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." There is no discussion or mention of an FCE on any of the medical reports available for this IMR. Although, the medical report from the requesting physician, [REDACTED] was not provided, ACOEM does not appear to recommend the FCE as there is little scientific evidence on efficacy. Without having the requesting physician's rationale for the FCE, I cannot determine whether it is in accordance with the ACOEM guidelines.

**1 Shockwave Therapy Session:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). ODG-TWC guidelines for ESWT for the knee: <http://www.odg-twc.com/odgtwc/knee.htm#ESWT>

**Decision rationale:** ODG guidelines for the knee indicate that shockwave therapy is understudy, and does not provide a recommendation. ODG also states, "New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping." The patient does not appear to have a condition that was studied for ESWT and ODG does not provide a recommendation, stating it is still under study. The request for ESWT for the knee is not in accordance with ODG guidelines.