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| Case Number: | CM13-0019993 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 01/27/2011 |
| Decision Date: | 02/11/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/04/2013 |

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 and is licensed to practice in Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43-year-old male who reported an injury on 01/27/2011. The patient's diagnoses were noted to include right knee internal derangement and right shoulder impingement syndrome. The request was made for extracorporeal shockwave therapy for the right shoulder - 3 sessions, aquatic therapy for the right knee, repeat MRI of the right knee, Naproxen, Narcosoft, and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the right shoulder, 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/shoulder.htm>)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: ACOEM Guidelines indicate that medium quality evidence supports manual physical therapy and high energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. Clinical documentation submitted for review failed to provide evidence that the patient had calcifying tendinitis, as the patient's diagnosis was impingement syndrome.

Additionally, it failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendation. Given the above, the request for extracorporeal shockwave therapy for the right shoulder, 3 sessions, is not medically necessary.

Aquatic therapy for the right knee, 2x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG On Line Treatment Guidelines for chronic pain - physical medicine and aquatic therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. Clinical documentation submitted for review failed to support the necessity for aquatic therapy. There was a lack of documentation indicating the patient needed reduced weight bearing. Given the above, the request for aquatic therapy for the right knee, 2 x 4 weeks, is not medically necessary.

Repeat MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation ODG regarding MRI of the knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, MRI.

Decision rationale: Official Disability Guidelines recommend repeat MRI post-surgically, if needed to assess knee cartilage repair tissue. Clinical documentation submitted for review failed to indicate the necessity for a repeat MRI. There was a lack of documentation of objective examination to support the need to assess for an internal knee derangement. Given the above, the request for a repeat MRI of the right knee is not medically necessary.

Naproxen 550mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66, 70.

Decision rationale: California MTUS guidelines indicate that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. They

recommend the lowest effective dose be used for all NSAIDs, for the shortest duration of time consistent with the individual patient treatment goals. Clinical documentation submitted for review indicated the patient would be taking the Naproxen; however, it failed to provide evidence of the efficacy of the requested medication. Given the above, the request for Naproxen 550 mg #100 is not medically necessary.

Narcosoft #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Per California MTUS, prophylactic treatment for constipation should be initiated when starting opioid therapy. However, clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, there was a lack of documentation indicating the patient had signs and symptoms of constipation. Given the above, the request for Narcosoft #60 is not medically necessary.

Flurbiprofen/Cyclobenzaprine 15/10% cream, #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 Sections on Flurbiprofen Topical analgesics Cyclobenzaprine Page(s): 72; 111; 41.

Decision rationale: Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. The CA MTUS indicates topical analgesics 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." This agent is not currently FDA-approved for a topical application. FDA-approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high-quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a muscle relaxant, and there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Because clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for Flurbiprofen/Cyclobenzaprine 15/10% cream, #180 gm, is not medically necessary.

Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2/0.05% cream, #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 Sections on Tramadol Topical Salicylates Topical Analgesics Gabapentin Capsaicin Page(s): 82.

Decision rationale: The California MTUS state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety, and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A thorough search of FDA.gov did not indicate there was a topical formulation of Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin in a topical formulation is not recommended. There is no peer-reviewed literature to support its use. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. There is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Since the guidelines do not recommend several of the ingredients, there is no medical necessity for this compound and it is not certified.