MAXIMUS Federal Services

Case Number:	CM14-0131507		
Date Assigned:	08/20/2014	Date of Injury:	12/30/1991
Decision Date:	09/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert 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 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/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 56-year-old male with a date of injury of 12/30/1991. The listed diagnoses per [redacted] are:1. Lumbar sprain/strain exacerbation.2. Lumbar spine protrusion, radiculitis, foraminal stenosis.3. Status post fall, dated 11/23/2013; 4) left knee sprain/strain.According to progress report 03/26/2014, the patient presents with low back and left knee pain. The pain is rated at 7/10 on this day's visit. Examination of the lumbar spine revealed grade III tenderness to palpation over the paraspinal muscles, which is decreased from grade II-III from last visit. There is restricted range of motion. Examination of the knee revealed grade II tenderness to palpation with full range of motion. The treating physician states there is positive left knee patellar tendon swelling and tenderness noted. The treating physician recommends FlurFlex 180 g, TGhot 180gm and extracorporeal shockwave therapy for the knee. Utilization review denied the request on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180gm #30: 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.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111.The Expert Reviewer's decision rationale:This patient presents with low back and left knee complaints. The treating physician is requesting FlurFlex 180gm cream. FlurFlex includes Flurbiprofen and cyclobenzaprine. The MTUS Guidelines states, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. Furthermore, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. The request is not medically necessary.

TGHot 180gm #30: 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.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111.The Expert Reviewer's decision rationale:This patient presents with low back and left knee pain. The treating physician is requesting TGhot 180gm topical cream. TGhot includes tramadol, gabapentin, menthol, and camphor. The MTUS Guidelines states, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin is not recommended as a topical formulation. Therefore, the entire compounded formulation is not recommended. The request is not medically necessary.

ECSWT (extracorporeal shock wave therapy) to left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG under knee chapterExtracorporeal shock wave therapy (ESWT)Under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In the first study of this therapy for management of chronic

patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. (Wang, 2007) New research suggests that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic nonunions. However, the findings need to be verified, and different treatment protocols as well as treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. (Cacchio, 2009) 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. (Zwerver, 2010).

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Knee chapter, Extracorporeal shock wave therapy (ESWT) The Expert Reviewer's decision rationale:This patient presents with low back and left knee pain. The treating physician is requesting extracorporeal shockwave therapy for the left knee. The ACOEM Guidelines states, "Published randomized clinical trials are needed to provide better evidence for the use of many physical therapy modalities that are commonly employed. Some therapists use a variety of procedures. Conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities is extracorporeal shockwave therapy (ESWT)." The ODG states, "not recommended using high energy ESWT." The ODG also states, "Under study for patellar tendinopathy and for long bone hypertrophic nonunions." In this case, ACOEM and ODG do not support the use of ESWT for knee conditions. It is considered anecdotal and is still considered under study. The request is not medically necessary.