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| <b>Case Number:</b>   | CM14-0176134 |                              |            |
| <b>Date Assigned:</b> | 10/29/2014   | <b>Date of Injury:</b>       | 02/12/2014 |
| <b>Decision Date:</b> | 12/05/2014   | <b>UR Denial Date:</b>       | 10/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2014 |

### 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 Internal Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 61-year-old gentleman with a date of injury of 02/12/2014. An office visit note by [REDACTED] dated 06/16/2014 identified the mechanism of injury as having slipped and fallen on asphalt resulting in a scraped right knee and right shoulder and lower back pain. Office visit notes by [REDACTED] dated 04/15/2014, by [REDACTED] dated 04/29/2014, by [REDACTED] dated 06/16/2014 and 07/21/2014, and a pain management consultation report by [REDACTED] dated 09/18/2014 indicated the worker was experiencing right shoulder pain, right knee pain, lower back pain that went into both legs, and numbness and tingling in both legs. [REDACTED] consultation also reported the worker was having problems sleeping due to pain, anxious mood, and depressed mood. Documented examinations consistently described right shoulder tenderness and decreased joint motion and tenderness in the muscles of the lower back with decreased lower back joint motion. The submitted and reviewed documentation concluded the worker was suffering from sprain and strain involving the lower back, right knee, and right shoulder; lumbar radiculopathy or radiculitis, a problem with the lower back disks, right shoulder rotator cuff syndrome, insomnia, depression, and anxiety. Treatment recommendations included oral and topical pain medications, physical therapy, acupuncture, chiropractic care, urinary toxicology evaluations, TENS, a hot/cold unit, and EMG/NCV testing of all limbs. A Utilization Review decision by [REDACTED] was rendered on 10/16/2014 recommending non-certification for three platelet-rich plasma (PRP) treatments to the right shoulder, three shockwave therapy sessions to the right shoulder, Terocin patches, and an indefinite number of periodic urinalysis toxicology evaluations. A MRI report by [REDACTED] dated 04/30/2014 was also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 PRP Treatments To The Right Shoulder: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Khan K, et al. Overview of the management of overuse (chronic) tendinopathy. Topic 13803, version 5.0. UpToDate. Accessed 11/23/2014. Moraes VY, et al. Platelet-rich therapies for musculoskeletal soft tissue injuries. Cochrane Database Syst Rev 2013; 12: CD010071.

**Decision rationale:** The MTUS Guidelines are silent as to the issue of the use of injected platelet-rich plasma (PRP) in this setting. Studies of this therapy are limited. A Cochrane Database systematic review evaluated nineteen studies and concluded that the available data was insufficient to support the use of this therapy. While smaller studies have suggested some potential benefit in healing, others have suggested decreased healing. The submitted and reviewed documentation concluded the worker was suffering from sprain and strain involving the right shoulder, right shoulder rotator cuff syndrome, and other issues. The records included detailed symptoms and objective findings consistent with these issues. However, there was no discussion reporting extenuating circumstances to support the use of PRP in this setting. In the absence of such evidence, the current request for three platelet-rich plasma (PRP) treatments to the right shoulder is not medically necessary.

### **3 Shockwave Therapy Sessions To The Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**Decision rationale:** The MTUS Guidelines discuss that there is medium quality evidence in the literature supporting the use of shockwave therapy for calcifying tendonitis of the shoulder. The submitted and reviewed documentation concluded the worker was suffering from sprain and strain involving the right shoulder, right shoulder rotator cuff syndrome, and other issues. There was no suggestion that the worker had calcifying tendonitis, and the findings discussed in a MRI imaging report dated 04/30/2014 were not consistent with this issue. In the absence of such evidence, the current request for three shockwave therapy sessions to the right shoulder is not medically necessary.

### **Terocin patches (Unknown amount): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains the medications 4% lidocaine, an anesthetic, and 4% menthol, a pain reliever. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain, right knee pain, lower back pain that went into both legs, and numbness and tingling in both legs. There was no discussion reporting extenuating circumstances to support the use of Terocin patches in this setting. In the absence of such evidence, the current request for Terocin patches is not medically necessary.

**Unknown periodic urinalysis toxicology evaluations:** 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 Opioids, Criteria for Use, Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80; 94-95.

**Decision rationale:** The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. However, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. The submitted and reviewed documentation indicated treatment recommendations included the use of medications in the opioid and muscle relaxant classes. The recorded individualized assessment of the worker's risk with these medications was quite limited. Further, the Guidelines stress that reassessment of the worker's risk and benefit from these medications should be performed on an on-going basis. For these reasons, the current request for an indefinite number of periodic urinalysis toxicology evaluations is not medically necessary.