

<b>Case Number:</b>	CM14-0043543		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Occupational Medicine 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:

According to the available reports, this is a 42-year-old woman with date of injury on 8/29/13. She tripped while carrying a coin box. Conservative treatment has included PT, knee brace, shoulder injection that did not help. A diagnostic testing of the upper and lower extremities was reported negative for radiculopathy. MRIs were reported negative in the shoulder. Lumbar MRI showed some mild stenosis. Addressed in this review is a request for H-Wave, Medrox pain relief ointment b.i.d., omeprazole DR 20 mg, naproxen sodium 550 mg and chiropractic treatment 3 x 4 to cervical, lumbar, right shoulder and left knee. There is a 3/11/14 Orthopedic QME with documented complaints of shoulder pain, with stiffness in the right shoulder, difficulty with the arm and weakness. There is also low back pain, bilateral knee pain and neck pain along the right side of the neck with pain in the right arm with occasional numbness in the arm diffusely. The patient was not using any current medications. Examination of the body parts mentioned in the subjective complaints did not document any significant abnormalities except for some release range of motion of the shoulder. Diagnoses were right shoulder contusion/tendinitis, rule out internal derangement; cervical myofascial strain; lumbar chronic pain as evidenced by the records with L4-L5 disc protrusion, lumbar myofascial sprain and bilateral knee sprain/contusion. A repeat MRI of the shoulder was recommended but no active treatment for any of the complaints. The PQME supplemental from the same provider of 5/19/14 determined that the patient was at MMI with no need for future medical care. She was released to regular work. There is a 1/2/14 request for authorization for physical therapy. The patient was 1st seen by the current requesting provider on 10/24/13 when Medrox was prescribed along with a nonsteroidal anti-inflammatory medication ketoprofen and omeprazole. There is no mention in that report of any upper gastrointestinal risk factors for side effects to NSAIDs. There is a 1/2/14 PR-2 from the requesting physician said that she had used an H-wave which helped turn left knee

pain in back pain and she had improved with physical therapy but symptoms were returning because she was not continuing therapy. Examination documented some tenderness throughout the cervical spine, right shoulder, thoracic spine, knees and feet and ankles. There was reportedly reduced range of motion in the cervical spine and thoracic spine; the diagnoses were cervical spine strain, right shoulder impingement syndrome, left knee internal derangement, right knee sprain, lumbar spine strain. Continued PT, and refills of naproxen sodium were requested at that time. There was citation of a 2/13/14 report which was said to state that the patient's symptoms were worsening in the left knee and in the right shoulder, the doctor noted another course of PT was declined and patient was to continue home exercises for the left knee and chiropractic care, H wave and medications were requested.

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

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

**H-Wave Unit - Unspecified rental/purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Transcutaneous electrotherapy Page(s): 120-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 113-118.

**Decision rationale:** Available for this reviewer is a determination from the QME that the patient did not require additional medical treatment after 3/11/14. At the time of this request, there is documentation that there may have been some subjective pain improvement with a trial of H-Wave but that there was no documentation of any objective functional benefit. There was not any documentation that the patient was working at the time nor was there any documentation that the patient was participating in an independent home exercise program. There was no mention of a previous trial of TENS. MTUS chronic pain guidelines do not support use of any electro stimulation devices except in conjunction with functional restoration program such as exercise or return to work. H-Wave is only supported when there has been a failure of TENS, also not documented. Therefore based upon the evidence and the guides, this is not considered to be medically necessary.

**Medrox pain relief ointment b.i.d. - Unspecified dosage/quantity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Topical medications, FDA.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2 Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/medrox-rx-ointment.html>.

**Decision rationale:** According to the website noted above, this contains methyl salicylate 20%, menthol 7% and capsaicin 0.05%. Use of this medication has been chronic, greater than 3 months. There is no documentation that the medication ever provided the patient with any objective functional benefit such as increased functional ability, ability to exercise or progress toward returning to work. Furthermore, it contains capsaicin in a concentration that is not supported by MTUS guidelines. MTUS guidelines also do not support use of topical menthol for treatment of chronic pain. MTUS guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Therefore based upon the evidence and the guidelines this is not considered to be medically necessary.

**Omeprazole DR 20mg - Unspecified quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Proton pump inhibitors, FDA.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 68.

**Decision rationale:** Note is made that this patient is using an anti-inflammatory medication, Naprosyn and previously had been using a different anti-inflammatory when this was originally prescribed. Although nonsteroidal anti-inflammatory drugs can produce side effects of gastrointestinal irritation, MTUS guidelines only support use of omeprazole for prophylaxis when there are increased risk factors for gastrointestinal side effects. The patient is less than 65. There is no history of peptic ulcer, GI bleeding or perforation. There is no concurrent use of ASA, corticosteroids, and/or an anticoagulant. There is no use of high dose/multiple NSAID. There is no mention of any gastrointestinal illnesses that would require treatment. Therefore there is no medical necessity for this medication based upon the evidence and the guidelines.

**Chiropractic Treatment three (3) times a week for four (4) weeks to the Cervical Spine, Lumbar Spine, Right Shoulder, and Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 60-61.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 58-60.

**Decision rationale:** When this was requested, patient had just completed courses of therapy which should have provided the patient with opportunity to learn an independent home exercise program. There was no documentation of any substantial objective of flare-up of the patient's condition, only some subjective increase in pain attributed to stopping the PT. Chiropractic treatment is passive and MTUS guidelines favor active over passive treatment the specific goals of chiropractic treatment are not mentioned. MTUS chronic pain guidelines only recommend chiropractic manipulation as an option for the low back and do not recommend chiropractic manipulation for chronic ankle, foot, forearm, wrist and hand or knees. Cervical spine is not

mentioned at all. Thus, based upon the evidence provided in the guidelines, this is not considered to be medically necessary.