

Case Number:	CM14-0043925		
Date Assigned:	08/27/2014	Date of Injury:	04/15/2013
Decision Date:	09/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 injured worker is a 34-year-old female who reported an injury on 04/15/2013 due to cumulative trauma. Diagnoses were lumbago, displacement of lumbar intervertebral disc without myelopathy, lumbar radiculopathy, and myalgia. Past treatments have been medications, acupuncture, epidural steroid injections, and extracorporeal shockwave treatments. Diagnostic studies were an MRI of the cervical spine, MRI of the lumbar spine, MRI of the right and left knee, EMG and Nerve Conduction Studies. MRI of the cervical spine revealed at the C4-5, a 1 to 2 mm central focal disc protrusion that abuts the thecal sac. MRI of the lumbar spine revealed at the L4-5, a 2.2 mm central focal disc protrusion that abuts the thecal sac. The EMG and Nerve Conduction Study were normal for the upper extremities. MRI of the right knee revealed an oblique tear of the lateral meniscus and mucoid degeneration of the body of the medial meniscus. MRI of the left knee revealed oblique tear involving the posterior horn of the medial meniscus extending to the inferior articular surface. Surgeries were not reported. The injured worker had a physical examination on 05/15/2014, with complaints of frequent pain in the lower back that traveled to the right buttocks, right leg posteriorly, to the ankle, which she described as aching, burning, and stiff. The pain was rated at 6/10 to 7/10. There were complaints of occasional numbness and weakness in the leg. The injured worker reported that the medication helped reduce pain to a 3/10. There were also complaints of difficulty falling asleep due to pain. The injured worker has been using a lumbar support. The injured worker also has been using a transcutaneous electrical nerve stimulation unit. Examination of the spine revealed a straight leg raise was to 80 degrees with no pain and the left straight leg raise was to 60 degrees with referred pain to the lower back. Reflexes for the knees were normal bilaterally. Reflexes for the ankle were normal bilaterally. On examination of the lumbar spine from the L1-2 dermatomes, there was no loss of sensibility, or abnormal sensation, or pain. At the L3-4, L4-5 and L5-S1, palpation

revealed moderate paraspinal tenderness bilaterally. At the levels of L3-4, L4-5, and L5-S1, palpation revealed moderate spinal tenderness bilaterally. Palpation revealed moderate tenderness at the facet joints referring to the iliac crest. Medications were not reported. Treatment plan was for chiropractic treatment, acupuncture, treatments, extracorporeal shockwave therapy, topical compounded cream, Medrol patches and platelet rich plasma injections for the right knee. The rationale and request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The California Medical Treatment Utilization Schedule states that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand or the knee. If chiropractic treatment is going to be effective there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks, and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. In this case, objective measurable gains were not reported from previous conservative care modalities such as acupuncture or physical therapy and previous chiropractic care. Also, the request is asking for 12 sessions, and the medical guidelines recommend 6 with documented objective functional improve. Therefore, the request for chiropractic treatments for 12 sessions is not medically necessary.

Acupuncture treatments for 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medicine is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase

blood flow, increase range of motion, decrease medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The time to produce functional improvement is 3 to 6 treatments, and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The injured worker had previous acupuncture treatments with no objective functional improvement reported. Therefore, the request for acupuncture treatments for 6 visits is not medically necessary.

One ESWT (Extracorporeal Shock Wave Therapy) session: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Shock Wave Therapy.

Decision rationale: The Official Disability Guidelines state that Extracorporeal Shockwave Therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The guidelines do not support the use of extracorporeal shockwave therapy. Therefore, the request for Extracorporeal Shockwave Therapy sessions is not medically necessary.

Topical compound: (Capsaicin 0.025%, Flurbiprofen 30%, Methyl salicylate 4%) 240 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin, Flurbiprofen Page(s): 111 28, 72.

Decision rationale: The decision for topical compound, (capsaicin 0.025%, flurbiprofen 30%, methyl Salicylate 4%) 240 gm is not medically necessary. The California Medical Treatment Utilization Schedule guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines also indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. 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. 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 database demonstrated no high-quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The medical guidelines do not support the use of compounded topical analgesics. Therefore, this request is not medically necessary.

Topical compound: (Capsaicin 0.025%, Flurbiprofen 30%, Methyl salicylate 4%) 240 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, FlurbiprofenTramadol Page(s): 111, 72 82.

Decision rationale: TThe California Medical Treatment Utilization Schedule guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines also indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. 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. 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 database demonstrated no high-quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The medical guidelines do not support the use of compounded topical analgesics. Therefore, the request for topical compound, (capsaicin 0.025%, flurbiprofen 30%, methyl Salicylate 4%) 240 gm is not medically necessary.

Medrox Patches #30: 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, Topical SalicylateTopical Capsaicin Page(s): 111 105, 28.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. According to the

Medrox package insert, Medrox is a topical analgesic containing menthol 5.00% and 0.0375% capsaicin and is indicated for a temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. Capsaicin is not recommended as an only option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.037% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines support the use of topical Salicylates. The medical guidelines do not support the use of compounded topical analgesics. Therefore, the request for Medrox patches # 30 is not medically necessary.

One PRP (platelet-rich plasma) injection for the right 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, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Platelet Rich Plasma Injections.

Decision rationale: The decision for 1 PRP(platelet rich plasma injection) for the right knee is not medically necessary. The Official Disability Guidelines state that platelet rich plasma injections are under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet rich plasma injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at 6 months, after physical therapy was added. The clinical results were encouraging, indicating that platelet rich plasma injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. Platelets are known to release various growth factors that are associated with tissue regeneration, healing, and angiogenesis, as well as a variety of chemicals that may be important in inhibiting inflammation and promoting angiogenesis. Platelet rich plasma injections can benefit patients with cartilage degeneration and early osteoarthritis of the knee. In patients with minimal osteoarthritis, platelet rich plasma works better than hyaluronic acid. The evidence shows that young patients in the platelet rich plasma group continued to improve a little between follow ups, and that the patients receiving hyaluronic acid got a little worse. There was no documented evidence of functional improvement from previous conservative care treatments. Previous acupuncture, chiropractic, and physical therapy treatments were not reported. The rationale for the platelet rich plasma injections was not submitted. Therefore, the request for platelet rich plasma injection for the right knee is not medically necessary.