

<b>Case Number:</b>	CM14-0149416		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 45-year-old female with a date of injury of 06/22/2012. The most recent medical file provided for review is an AME report dated 01/30/2014. According to this report, the patient has continued neck, low back, and right knee pain. Examination of the lumbar spine revealed mild spasms in the lower back and moderate paraspinal tenderness. Straight leg raise tests were negative to 80 degrees bilaterally in the sitting position. Examination of the knee revealed moderate tenderness in the medial joint line. There was positive McMurray's test on the right. The treating physician reviewed MRI report from 11/20/2013 and notes that the report "failed to reveal any significant abnormalities other than incidental degenerative disk disease and minor protrusions, which would be normal for her age and size." The report notes that the patient has reached maximal medical improvement with regard to her neck, low back, and bilateral upper extremities. It was noted that "No other treatment for this areas will be indicated other than access to anti-inflammatory medication. The patient does not require further electric stimulation that she has been receiving from a chiropractor. As she has meniscus tear of the right knee, an electrical stimulation would have no value." Recommendation was for the patient to be referred to an orthopedic surgeon for further evaluation. The utilization review letter references a progress report dated 08/06/2014, which was not provided for my review. According to this report, the patient complains of burning radicular neck pain, low back pain, bilateral elbow pain, and bilateral knee pain. The patient states the symptoms persist, but medications do offer temporary relief of pain and improved ability to have restful sleep. Examination of the cervical spine revealed tenderness at the occipitals, trapezius, and C7 spinous processes. Range of motion is decreased and painful. There is positive cervical distraction and cervical compression test bilaterally. Examination of the lumbar spine revealed tenderness to palpation at the paralumbar

muscles and quadratus lumborum, as well as lumbosacral junction. Range of motion is decreased and painful. Tripod's sign, flip test, and Lasegue's are positive bilaterally. Examination of the bilateral knee revealed tenderness to palpation over the medial joint line into the patellofemoral joint bilaterally. Range of motion was decreased bilaterally. Apley's compression and patellar grinding tests are positive bilaterally. It was noted that periodic urinalyses are evaluated and performed. Treatment recommendation was for continued physiotherapy, chiropractic treatments, shockwave therapy, localized intense neurostimulation therapy, referral to pain management specialist, referral to orthopedic surgeon, and medications for pain relief. The utilization review denied the request on 09/04/2014. The medical file provided for review includes 3 AME reports dated 11/22/2013, 09/05/2013, and 01/30/2014.

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

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

**Deprizine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation [www.drugs.com/pro/deprizine.html](http://www.drugs.com/pro/deprizine.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 69.

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee pain. The current request is for Deprizine. This medicine is a histamine H2-blocker. The MTUS, ACOEM, and Official Disability Guidelines do not specifically discuss Deprizine. However, MTUS page 69 recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, and (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of Omeprazole. Furthermore, the provider provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. This request is not medically necessary.

**Dicopanol:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph and [www.drugs.com/pro/dicopanol.html](http://www.drugs.com/pro/dicopanol.html)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Insomnia

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee pain. The current request is for Dicopanol. This drug classification is antiemetic, histamine-1, receptor antagonism. The MTUS, ACOEM, and Official Disability Guidelines do not discuss Dicopanol. Official Disability Guidelines, Pain Chapter, under Insomnia has the following regarding anti-

Histamine for insomnia: "(4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." There is no discussion of this medication in the medical file and dosing and duration of use is not specified. Official Disability Guidelines states that tolerance develops within a few days and long-term use is not supported. In this case there is no long term support for Dicopanol usage and the treating physician has not stated that this medication for short term usage. This request is not medically necessary.

**Fanatrex:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee pain. The current request is for Fanatrex. Fanatrex contains Gabapentin and other proprietary ingredients. This patient does present with radiating symptoms of the lower extremities, and there may be a component of radicular symptoms or neuropathic pain. The use of Gabapentin may be appropriate and consistent with MTUS Guidelines. However, Fanatrex contains "other proprietary ingredients" that is not disclosed. Without knowing what is contained in these medications, it cannot be considered and the treating physician failed to document the dosage and frequency for this prescription. Therefore, this request is not medically necessary.

**Tabradol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee pain. The current request is for Tabradol. "Tabradol contains Cyclobenzaprine, Methylsulfonylmethane and other proprietary ingredients. Though Methylsulfonylmethane is regarded as a dietary supplement and is regulated by the FDA, it has not been approved for the treatment of osteoarthritis." The MTUS Chronic Pain Medical Treatment Guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. The provider in this case has not documented that this medication will not be used for more than 2-3 weeks. The provider also did not document the frequency and duration of this prescription thus rendering it invalid. This request is not medically necessary.

**Cyclobenzaprine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee pain. The current request is for Cyclobenzaprine. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The medical file provided for review does not include a discussion regarding this medication and no dosing and the recommended quantity is specified. Furthermore, there is no documentation of muscle spasms. This request is not medically necessary.

**Ketoprofen cream:** 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 Creams Page(s): 111.

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee pain. The current request is for Ketoprofen cream. The MTUS Chronic Pain Medical Treatment Guidelines page 111 has the following regarding topical creams, "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." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." This topical compound medication is not medically necessary.

**Terocin patches:** 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:** This patient presents with chronic neck, low back, and bilateral knee pain. The current request is for Terocin patches. Terocin patches include salicylate, capsaicin, menthol, and Lidocaine. The MTUS Guidelines state, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." The MTUS Guidelines support the usage of salicylate topical for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with bilateral knee pain for which Terocin patches may be indicated for. However, there is no discussion in the medical file indicating for which body part the patches are recommended for. Furthermore, there is no recommended duration of use. Open-ended prescriptions cannot be supported. The requested Terocin patches are not medically necessary.

**Six LINT therapy visits for the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Miguel Gorenberg, Elad Schiff, Kobi Schwartz, and Elon Eizenber, "A Novel Image-Guided, Automatic, High Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain" Pain Research and Treatment, vol. 2011, Article ID 152307, 6 pages, 2011

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shockwave Therapy

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee pain. The current request is for six LINT therapy visits for the lumbar spine. The ACOEM Guidelines page 235 states the following regarding extracorporeal shockwave therapy, "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 Official Disability Guidelines under the Low Back Chapter has the following regarding shockwave therapy, "Not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011)" Official Disability Guidelines states that extracorporeal shockwave therapy is not recommended for treating low back pain. The requested ESWT for the lumbar spine is not medically necessary.

**Synapryn: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75.

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee pain. The current request is for Synapryn. The medical file provided for review does not discuss this medication. The MTUS Chronic Pain Medical Treatment Guidelines page 75 states a small class of synthetic opioids, for example, Tramadol exhibits opiates activity and a mechanism of action that inhibits the re uptake of serotonin and norepinephrine. Given the patient's continued pain, Tramadol may be warranted. However, the provider is requesting Synapryn, a compound drug with Tramadol and Glucosamine without specifying the reason why the combination is medically necessary. The patient has knee pain, but Glucosamine is indicated for arthritis of the knee which this patient does not suffer from. This request is not medically necessary.

**Eighteen physical therapy visits for the cervical spine, lumbar spine, bilateral wrists and right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee pain. The current request is for eighteen physical therapy visits for the cervical spine, lumbar spine, bilateral wrists, and right knee. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms 9 to 10 sessions over 8 weeks. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. In this case, the treating physician's request for 18 physical therapy sessions exceeds what is recommended by MTUS. This request is not medically necessary.

**Eighteen chiropractic visits for the cervical spine, lumbar spine, bilateral wrists, and right knee:** Upheld

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

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

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee pain. The current request is for eighteen chiropractic visits for the cervical spine, lumbar spine, bilateral wrists, and right knee. For manual therapy, the MTUS Guidelines page 50 recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total up to 18 visits over 6 to 8 weeks. A trial of 6 visits may be indicated and with documented functional improvement MTUS requires additional sessions. There is no discussion regarding chiropractic treatment in the medical file provided for review. The treating physician's request for 11 treatments exceeds what is recommended by MTUS. This request is not medically necessary.

### **Three shock-wave therapy visits for the bilateral wrists and 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 (ODG)

**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 (Acute & Chronic) chapter, extracorporeal shock wave therapy (ESWT)

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee complaints. The current request is for three shockwave therapy visits for the bilateral wrists and right knee. The ACOEM Guidelines page 235 states the following regarding ESWT, "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 Official Disability Guidelines has the following regarding ESWT, "not recommended using high energy ESWT." The Official Disability Guidelines regarding ESWT specifically for the knee/leg states, "Under study for patellar tendinopathy and for long bone hypertrophic nonunions." In this case, ACOEM and Official Disability Guidelines do not support the use of ESWT for knee conditions. It is considered anecdotal and is still considered under study. This request is not medically necessary.

### **Six shock-wave therapy visits for the lumbar spine: 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), Low Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, shockwave therapy

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee pain. The current request is for six shockwave therapy visits for the lumbar spine. The ACOEM Guidelines page 235 states the following regarding extracorporeal shockwave therapy, "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 Official Disability Guidelines under the Low Back Chapter has the following regarding shockwave therapy, "Not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011)" Official Disability Guidelines states that extracorporeal shockwave therapy is not recommended for treating low back pain. The requested ESWT for the lumbar spine is not medically necessary.

**Pain management consultation for cervical and lumbar epidural steroid injection:**  
Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Consultation, page 127

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for pain management consultation for the cervical and lumbar spine for epidural steroid injection. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Given the patient's multiple clinical problems and complaints of continued pain, a pain management consult is reasonable and supported by ACOEM. This request is medically necessary.

**Referral to an orthopedic surgeon for the right knee:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Referral, page 127

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral knee complaints. The current request is for referral to an orthopedic surgeon for the right knee. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Given the patient's multiple clinical problems and complaints of continued pain, a pain orthopedic consult is reasonable and supported by ACOEM. This request is medically necessary.