

Case Number:	CM14-0181398		
Date Assigned:	12/12/2014	Date of Injury:	05/10/2012
Decision Date:	02/05/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/31/2014

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 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 65 year-old male with a 5/10/2012 date of injury. According to the 8/29/14 orthopedic report, the patient presents with pain in the whole spine, and both upper extremities and both ankles/feet. His diagnoses include: cervical disc disease; thoracic sprain; lumbar sprain; bilateral shoulder strain; right avascular necrosis of proximal pole of the hamate and subchondral cyst; left wrist avascular necrosis and subchondral cyst; bilateral plantar fasciitis. The report states that the patient is not interested in surgery for the wrists, but wanted to try extracorporeal shockwave therapy, and the patient was prescribed Fluriflex and TGHOT ointments. The 10/15/14 and 12/3/14 reports were reviewed, but did not discuss efficacy of any of the topical ointments or the ECSWT therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fluriflex ointment #180gm: Upheld

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

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

Decision rationale: This request is for 1 prescription of Fluriflex ointment #180gm. Fluriflex is a compounded topical with Flurbiprofen and cyclobenzaprine. The available medical reports include the 8/29/14, 10/15/14 and 12/3/14 orthopedic reports. There is no discussion of efficacy of the Fluriflex ointment. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states baclofen and other muscle relaxants are not recommended as a topical product. The muscle relaxant cyclobenzaprine component of the topical Fluriflex is not recommended, so the Fluriflex is not recommended. The request for 1 prescription of Fluriflex ointment #180gm IS NOT medically necessary.

1 prescription of TGHOT 180 grams: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: This request is for 1 prescription of TGHOT 180 grams. There is no discussion of what medications TGHOT is composed of. From a web search, TGHOT appears to be a topical compound consisting of several components including tramadol, gabapentin and capsaicin. The available medical reports include the 8/29/14, 10/15/14 and 12/3/14 orthopedic reports. There is no discussion of efficacy of the TGHOT ointment. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states topical gabapentin is not recommended, therefore the whole compounded product that contains gabapentin is not recommended. The request for 1 prescription of TGHOT 180 grams IS NOT medically necessary.

4 extracorporeal shockwave therapy (ECSWT) sessions to the left wrist (1/week for 4 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, number 0649.

Decision rationale: The patient presents with avascular necrosis in both wrists. This request is for: 4 extracorporeal shockwave therapy (ECSWT) sessions to the left wrist (1/week for 4 weeks.) The available medical reports include the 8/29/14, 10/15/14 and 12/3/14 orthopedic reports. There is no discussion of efficacy of the ECSWT for the wrists. MTUS Chronic pain guidelines and MTUS/ACOEM guidelines do not discuss ECSWT for the wrists. ODG-TWC guidelines do not discuss shockwave therapy for the wrists. Aetna Clinical Policy Bulletin, number 0649, states extracorporeal shock-wave therapy is indicated for the shoulder, but for all other musculoskeletal indications, it is considered experimental and investigational. There is

insufficient evidence-based clinical guideline support for use of ECSWT for avascular necrosis of the wrist. The request for 4 extracorporeal shockwave therapy (ECSWT) sessions to the left wrist (1/week for 4 weeks) IS NOT medically necessary.