

<b>Case Number:</b>	CM14-0198363		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 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 (IW) is a 42-year-old man with a date of injury of January 6, 2014. The IW was performing his normal job duties as a deputy probation officer. In doing so, a racial/gang riot developed amongst the juveniles he was assigned to. During the riot, the IW states he physically restrained juveniles. Due to the physical demands imposed upon him in order to combat the rioting minors, he developed pain in the right knee, lower back, right ankle, left shoulder, and left eye. The current working diagnoses are injury of eye, resolving; pain in left shoulder; left shoulder internal derangement; low back pain; lumbar disc displacement HNP; subcortical cyst of the right eye; unspecified internal derangement of right knee; right ankle pain; mood disorder; anxiety; stress; and sleep disorder. There is one Primary Treating Physician's Progress Report (PR-2) in the medical record dated September 21, 2014. The IW complains of pain in the left eye, burning left shoulder pain radiating down the arm to the fingers. The pain is rated 7-8/10. The pain is describes as constant, and moderate to severe. He also has complaints of low back pain, right knee pain, and right ankle pain. Physical examination reveals cranial nerves II-XII are intact. Left shoulder exam reveals tenderness to palpation (TTP) at the trapezius, supraspinatus, levator scapula and rhomboid muscles. Neer's impingement sign, Hawkins test, and Speed's test are positive. Sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Motor strength is 4/5 in all represented muscle groups in the bilateral upper extremities. Examination of the lumbar spine reveals the IW is able to heel-toe walk with pain. There is TTP at the quadratus lumborum, paralumbar muscles, lumbosacral junction, as well as sciatic notch, more on the right side. Lumbosacral orthopedic tests are positive. Right knee exam reveals TTP in the medial joint line. There is no instability. There is decreased range of motion. Right ankle exam reveals TTP at the anterior talofibular ligament. ROM is slightly decreased. Orthopedic tests are negative. Pursuant to the Agreed

Medical Evaluation (AME) dated October 23, 2014, the IW had x-rays of the left shoulder, low back, right knee, and right ankle. Results of those x-rays were not provided in the medical record for review. According to the AME, the IW had a course of chiropractic treatment, which he attended at a frequency of 3 times a week for a period of several months. The treatments afforded him transient relief. He also underwent a series (5 total) of extracorporeal shockwave therapies directed to his right knee. He has one treatment remaining. He found the treatments beneficial. The IW was recently authorized for a course of physical therapy (PT). He is currently attending PT at a frequency of 2 times a week. The duration of the therapy and body part being treated is not documented. There is no documentation of objective physical improvement associated with PT or acupuncture. The current request is for 1). Periodic UA toxicology evaluation. 2). EMG/NCV study of the bilateral lower extremities. 3). EMG/NCV study of the bilateral upper extremities. 4). Consultation with an orthopedic surgeon regarding the right knee. 5). Acupuncture therapy for the left shoulder, lumbar spine, and right knee-3 times a week for 6 weeks. 6). Shockwave therapy up to 3 treatments for the left shoulder, right knee, and up to 6 treatments for the lumbar spine. 7). Physical therapy for the left shoulder, 3 times a week for 6 weeks. 8). Continue physical therapy for the lumbar spine and right knee, 3 times a week for 6 weeks. 9). Terocin patches. 10). Deprizine. 11). Dicopanol. 12). Fanatrex. 13). Synapryn. 14). Tabradol. 15). Cyclobenzaprine. 16). Ketoprofen cream.

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

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

**Periodic UA toxicological evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Toxicology

**Decision rationale:** Pursuant to the Official Disability Guidelines, periodic urine toxicology evaluation is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances and, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. See the Official Disability Guidelines for details. In this case, the injured worker's diagnoses are pain in left shoulder; left shoulder internal derangement; low back pain; lumbar disc displacement (HNP); sub cortical cyst of right knee; right ankle pain; mood disorders; anxiety; stress; sleep disorder. There are no narcotics listed in the medical record. The medical record consists of a single progress note dated September 18, 2014. Additionally, periodic urine drug toxicology screens are not indicated. The documentation does not contain any discussion of whether the injured worker was a low risk, intermediate or high risk for drug misuse or abuse. A specific clinical indication or rationale should be in the record when ordering toxicology studies. Consequently, periodic urine drug toxicology evaluation is not medically necessary.

### **EMG/NCV study of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, update to Chapter 12, Low Back Disorders, page 60-61, Official Disability Guidelines (ODG), Low Back Chapter, EMGs & NCS sections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, EMG/NCV

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. NCV are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG or obvious clinical signs. See guidelines for additional details. In this case, the injured worker's diagnoses are pain in left shoulder; left shoulder internal derangement; low back pain; lumbar disc displacement (HNP); sub cortical cyst of right knee; right ankle pain; mood disorders; anxiety; stress; sleep disorder. There are no narcotics listed in the medical record. The medical record consists of a single progress note dated September 18, 2014. The injured worker complains of burning left shoulder pain radiating down the arm to the fingers. Physical examination show sensation to pinprick unlike touch is slightly diminished over C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. The working diagnoses do not include a diagnosis of radiculopathy. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by clinical signs. Clinical signs may show radiculopathy of the upper extremities; however, the diagnoses did not put forth that diagnosis. There are no additional progress notes for comparison purposes to see if there has been any progression or change in the neurologic evaluation. There is no clear clinical indication for NCV/EMG. Consequently, absent additional medical records for comparison purposes and the appropriate clinical documentation, EMG/NCV of the bilateral upper extremities is not medically necessary.

### **EMG/NCV study of the bilateral lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, update to Chapter 12, Low Back Disorders, pages 60-61, Official Disability Guidelines (ODG), Low Back Chapter, EMGs & NCS sections.

**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, EMG/NCV

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral lower extremities is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker does

not have subjective complaints of radiculopathy radiating from his lower back into his lower extremities. Physical examination doesn't demonstrate any signs of radiculopathy. The diagnoses don't contain any evidence of radiculopathy. Nerve conduction studies are not recommended in the absence of clinical indications of radiculopathy. Additionally, there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. This patient does not have symptoms on the basis of radiculopathy. Consequently, EMG/NCV of the bilateral lower extremities is not medically necessary.

**Consultation with an orthopedic surgeon regarding the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visit; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Page 127.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, consultation with an orthopedic surgeon regarding the right knee is not medically necessary. The ACOEM, chapter 7, page 127 states the occupational health practitioner may refer to other specialists for diagnosis is uncertain or extremely complex or psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the injured worker complains of burning right knee pain. Symptoms are aggravated with squatting, kneeling, as sending in descending stairs. The documentation is limited to a single progress note dated September 18, 2014. Physical examination of the right knee shows the patient ambulates with a mild antalgic gait, has tenderness palpation of the medial joint line. There is no ligament instability present. The documentation does not contain any specific objective findings to indicate a specialist consultations indicated at this time. There were no plain radiographs or MRI results indicating pathology that would be amenable to surgical intervention. Consequently, based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, orthopedic consultation regarding right knee is not medically necessary.

**18 sessions of acupuncture for the left shoulder, lumbar spine, right knee: Upheld**

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

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, 18 sessions of acupuncture for the left shoulder, lumbar spine and right knee are not medically necessary. The official disability guidelines state an initial trial of 3 to 4 acupuncture visits over two weeks; with

evidence of objective functional improvement, a total of 8 to 12 visits over 4 to 6 weeks may be indicated. In this case, the treating physician's progress note does not contain any documentation of prior acupuncture treatment. The agreed-upon medical evaluation indicates the injured worker received acupuncture. It does not state the number of visits. There is no documentation the medical record indicating the frequency or duration of prior acupuncture treatment and whether there was any objective functional improvement. Consequently, absent the appropriate clinical documentation and evidence of objective functional improvement, 18 sessions of acupuncture for the left shoulder, lumbar spine and right knee are not medically necessary.

### **3 treatments of shockwave therapy for left shoulder and right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Extracorporeal shock wave therapy (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Extracorporeal Shockwave Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, three sessions of shockwave therapy for the left shoulder and right knee are not medically necessary. Extracorporeal shock wave therapy is indicated for calcified tendinitis but not for other shoulder disorders. The criteria for the use of extracorporeal shock wave therapy are enumerated in the Official Disability Guidelines. In this case, the documentation pursuant to the September 18, 2014 sole progress note states the injured worker has pain in the left shoulder and left shoulder internal derangement. The AME indicates the injured worker at a prior course of extracorporeal shock wave therapy #5 sessions. There is no clinical evidence of the medical record pertaining to those five sessions. There is no clinical documentation supporting calcified tendinitis of the shoulder which is the sole indication for extracorporeal shock wave therapy when treating a shoulder disorder. Consequently, absent the appropriate clinical indication and prior objective functional improvement from prior extracorporeal shock wave therapy, extracorporeal shock wave therapy three sessions to the left shoulder and right knee are not medically necessary.

### **6 treatments of shockwave therapy 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 chapter, Shock Wave Therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder/Low Back Section, Extracorporeal Shockwave Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, six sessions of shockwave therapy for the lumbar spine are not medically necessary. Extracorporeal shock wave therapy is indicated for calcified tendinitis but not for other shoulder disorders. The criteria for the use of

extracorporeal shock wave therapy are enumerated in the official disability guidelines. In this case, the documentation pursuant to the September 18, 2014 sole progress note states the injured worker has pain in the lower back. There is tenderness of the lumbar paraspinal musculature. Worker's diagnoses are low back pain; and lumbar disc displacement. The AME indicates the injured worker at a prior course of extracorporeal shock wave therapy #5 sessions. There is no clinical evidence of the medical record pertaining to those five sessions. There is no clinical documentation supporting calcified tendinitis of the shoulder which is the sole indication for extracorporeal shock wave therapy when treating a shoulder disorder. Consequently, absent the appropriate clinical indication and prior objective functional improvement from prior extracorporeal shock wave therapy, extracorporeal shock wave therapy six sessions of shockwave therapy for the lumbar spine not medically necessary.

**18 sessions of physical therapy for the left shoulder: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, 18 sessions of physical therapy to the left shoulder are not medically necessary. Patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). In this case, the injured worker's diagnoses are left shoulder internal derangement and pain in left shoulder. The sole progress note dated September 18, 2014 does not contain any evidence or clinical rationale for physical therapy to the affected shoulder. According to the AME the injured worker underwent physical therapy two times per week. There are no specifics in terms of frequency and duration. Additionally, there is no documentation of objective functional improvement associated with the prior physical therapy. The areas treated are not documented in the medical record. Consequently, absent evidence of objective functional improvements associated with prior physical therapy, 18 sessions of physical therapy to the left shoulder are 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin patches are not medically necessary. Terocin contains methyl salicylate, capsaicin, menthol and lidocaine. Topical analgesics are largely experimental

and use with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and 80 convulsives have failed. Any compounded product that contains at least one drug (or drug class) it is not recommended is not recommended. Lidocaine in cream form is not recommended. No other commercially approved topical formulation of lidocaine with a cream, lotion or gel is indicated for neuropathic pain. Menthol is not recommended. In this case, the injured worker's diagnoses are pain in left shoulder; left shoulder internal derangement; low back pain; lumbar disc displacement (HNP); sub cortical cyst of right knee; right ankle pain; mood disorders; anxiety; stress; sleep disorder. Any compounded product that contains at least one drug (lidocaine in cream form and menthol) that is not recommended is not recommended. Consequently, Terocin patches are not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Terocin patch is not medically necessary.

**Deprizine:** 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 Official Disability Guidelines (ODG); Pain Section, NSAIDs and GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Deprizine is not medically necessary. Deprizine is an H2 antagonist blocker. H2 blockers are used in patients taking nonsteroidal anti-inflammatory drugs that are at risk certain gastrointestinal events. These risk factors include, but are not limited to, age greater than 65, history of peptic disease, G.I. bleeding or perforation; concurrent aspirin use or corticosteroid use; and high dose or multiple nonsteroidal anti-inflammatory drug use. In this case, the past medical history does not contain any of the comorbid conditions enumerated above. Specifically, the injured worker does not have a history of peptic disease, G.I. bleeding, concurrent aspirin use or high-dose multiple nonsteroidal anti-inflammatory drug use. Consequently, Deprizine is not medically necessary.

**Dicoprofanol:** 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 [www.drugs.com-http://www.drugs.com/pro/dicoprofanol.html](http://www.drugs.com-pro/dicoprofanol.html)

**Decision rationale:** Pursuant to [www.drugs.com](http://www.drugs.com), Dicoprofanol is not medically necessary. Dicoprofanol is diphenhydramine. Diphenhydramine is used to treat allergic reactions, Parkinson's symptoms, Parkinson's disease, and extrapyramidal reactions. In this case, there is no documentation supporting the use of diphenhydramine. The documentation does not contain any clinical

indications or clinical rationale for diphenhydramine. Consequently, Dicopanor is not medically necessary.

**Fanatrex:** 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 Official Disability Guidelines (ODG); Pain Section, Gabapentin

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fanatrex is not medically necessary. Fanatrex is gabapentin. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. In this case, the documentation does not support the presence of a neuropathic condition. The injured worker's diagnoses are pain in left shoulder; left shoulder internal derangement; low back pain; lumbar disc displacement (HNP); sub cortical cyst of right knee; right ankle pain; mood disorders; anxiety; stress; sleep disorder. Consequently, absent the appropriate clinical indication for gabapentin along with the appropriate dosing and instructions for use, Fanatrex is not medically necessary.

**Synapryn:** 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Synapryn is not medically necessary. Synapryn is Tramadol. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the ongoing use of tramadol. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. In this case, there is no clinical rationale for tramadol use. It is unclear based on the sole progress note dated September 18, 2014 whether tramadol has been used by the injured worker on an ongoing basis. There is no discussion in the medical record as to whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Additionally, there is no strength associated with the medication or instructions for use with the request. Consequently, absent the appropriate clinical documentation and evidence of objective functional improvement with continued use of tramadol (?), Tramadol (Synapryn) is not medically necessary.

**Tabradol:** 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 Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tabradol (cyclobenzaprine) is not medically necessary. Muscle relaxants are a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. See guidelines for additional details. In this case, it is unclear from the documentation whether the injured worker has been taking cyclobenzaprine on a chronic basis or whether this is a first time prescription. The request does not contain a strength and does not contain a quantity and does not contain instructions for use. Muscle relaxants are indicated for short-term (less than two weeks). The medical documentation in the sole progress note dated September 18, 2014 does not contain any relevant information with respect to this drug. Consequently, absent the appropriate clinical information, Tabradol (cyclobenzaprine) is not medically necessary.

**Cyclobenzaprine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical cyclobenzaprine is not medically necessary. Topical analgesics are largely experimental and use with few controlled 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 one drug (or drug class) that is not recommended, is not recommended. In this case, the treating physician requested topical cyclobenzaprine. Topical cyclobenzaprine is not recommended according to the guidelines. Any compounded product that contains at least one drug (topical cyclobenzaprine) that is not recommended, is not recommended. Consequently, topical cyclobenzaprine is not medically necessary.