

<b>Case Number:</b>	CM15-0104523		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58-year-old female injured worker suffered an industrial injury on 02/27/2013. The diagnoses included cervical/thoracic/lumbar musculoligamentous strain/sprain, bilateral shoulder strain/sprain, bilateral wrist strain/sprain, bilateral knee strain/sprain and bilateral knee internal derangement. The diagnostics included lumbar x-rays. The injured worker had been treated with acupuncture. On 4/22/2015 the treating provider reported neck pain, back pain radiating to both legs, both shoulder/arm pain, both wrist/hand pain, both knee pain, both eye complaints, depression and sleeping problems. On exam there was bilateral eye redness, cervical spine tenderness with spasm, cervical decreased range of motion, thoracic tenderness and spasms, lumbar spine tenderness with spasms, positive straight leg raise, bilateral shoulder tenderness, bilateral wrist tenderness, bilateral lower extremities decreased sensations and decreased motor strength. The treatment plan included Tylenol #3, Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% cream, Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% cream, Patient Education Web Classes, Acupuncture Evaluation and Treatment, X-ray of the lumbosacral spine and ECSWT - bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 3 #60:** 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 Opioids Page(s): 74-96 (78, 89, 95).

**Decision rationale:** Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available to me do not reveal documentation of pain or functional improvement with the use of opioids in the past, therefore the request for Tylenol 3 #60 is not medically necessary.

**LURBI (NAP) Cream-LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180gm:**  
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:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine is only supported for use as a patch by the guidelines and amitriptyline is also not supported for topical use. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, and therefore the request for LURBI (NAP) Cream-LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180gm is not medically necessary.

**GABACYCLOTRAM (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180gm:**  
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:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed. Gabapentin, cyclobenzaprine and tramadol are not supported by the guidelines for topical use, therefore based on the guidelines the request for GABACYCLOTRAM (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180gm is not medically necessary.

**Patient Education Web Classes:** 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 Education Page(s): 44.

**Decision rationale:** Per the MTUS, Patient education is recommended. "On-going education of the patient and family, as well as the employer, insurer, policy makers and the community should be the primary emphasis in the treatment of chronic pain. Currently, practitioners often think of education last, after medications, manual therapy and surgery. Practitioners must develop and implement an effective strategy and skills to educate patients, employers, insurance systems, policy makers and the community as a whole. An education-based paradigm should always start with inexpensive communication providing reassuring information to the patient. More in-depth education currently exists within a treatment regimen employing functional restorative and innovative programs of prevention and rehabilitation. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention". A review of the injured workers medical records that are available to me do not reveal the specific nature and goals of the patient education web classes and if this was part of a functional restoration program. Without this information, the request is not medically necessary.

**Acupuncture Evaluation and Treatment (3xWk x 4Wks):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) / Acupuncture.

**Decision rationale:** The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used 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 the side effect of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. Per the ODG, acupuncture is not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) A review of the injured workers medical records that are available to me reveal that the injured worker has had acupuncture in the past however there is no evidence of objective functional improvement with prior acupuncture as required by the guidelines for continuation, without this information the request for Acupuncture Evaluation and Treatment (3xWk x 4Wks) is not medically necessary.

**X-ray of the lumbosacral Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The MTUS states that lumbar spine imaging should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me show that there has been no emergence of any red-flags that would warrant imaging, there was also no documentation of surgical considerations. Therefore based on the injured workers clinical presentation and the guidelines, the request for x-ray of the Lumbar Spine is not medically necessary at this time.

**ECSWT - bilateral shoulders (1xWk x 4 Wks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) / Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The MTUS / ACOEM did not specifically address the use of shock wave therapy for the shoulder; therefore, other guidelines were consulted. Per the ODG, it is "recommended for calcifying tendinitis but not for other shoulder disorders. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks." A review of the injured workers medical records that are available to me do not reveal that the injured worker meets the guideline criteria for the use of ESWT, therefore the request is not medically necessary.