

Case Number:	CM15-0109630		
Date Assigned:	06/16/2015	Date of Injury:	11/17/2014
Decision Date:	09/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 64 year old female, who sustained an industrial injury on 11/17/2014. She has reported injury to the right shoulder, low back, bilateral knees, and right foot/ankle. The diagnoses have included right shoulder sprain/strain; right shoulder impingement syndrome; recurrent partial rotator cuff tear, right shoulder; status post previous rotator cuff repair with graft jacket augmentation, right shoulder; lumbar sprain/strain; lumbar radiculopathy; right knee sprain/strain; right knee internal derangement; left knee sprain/strain; right ankle/foot sprain/strain; and plantar fascial fibromatosis. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Tramadol, Meloxicam, Pantoprazole, and compounded topical creams. A progress note from the treating physician, dated 04/29/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant low back pain, which is achy and sharp, and rated at 7/10 on the pain scale; constant right knee pain, which is sharp and stabbing, and rated at 7/10 on the pain scale; right knee weakness; frequent, dull left knee pain with weakness; and frequent, moderate right ankle pain, which is stabbing and rated at 6/10 on the pain scale. Objective findings included tenderness to palpation of the L3-S1 spinous processes and lumbar paravertebral muscles; there is spasm of the lumbar paravertebral muscles; tenderness to palpation of the right knee at the anterior knee, lateral joint line, medial joint line, and posterior knee; tenderness to palpation of the left anterior knee, lateral joint line, medial joint line, and posterior knee; and tenderness to palpation of the right anterior ankle, dorsal ankle, and plantar heel. The treatment plan has included the request for extracorporeal shockwave therapy x 4 for

the right shoulder; Tramadol (Ultram) 50mg #60; Compound HMPHCC2: Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base 180g; Compound HNPC1: Amitriptyline HCl 10%, Gabapentin 10%, Bupivacaine HCl 5%, Hyaluronic acid 0.2% in cream base 180g; and physical therapy evaluation and treatment x 12 for the lumbar spine, right shoulder, right hip, bilateral knees, right ankle, and right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy x 4 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Guidelines do not recommend shockwave therapy except for patients with calcific tendonitis of the shoulder unresponsive to 6 months of conservative therapy. In this case, the documentation provided did not include a complete assessment of the right shoulder in order to demonstrate history of calcific tendonitis and objective functional deficits needing to be addressed with this therapy. The request for shockwave therapy is not medically appropriate and necessary.

Tramadol (Ultram) 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been prescribed tramadol without evidence of significant benefit in pain or function to support long term use. The request for tramadol 50 mg #60 is not medically appropriate and necessary.

Compound HMPHCC2; Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base 180g: 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 agents Page(s): 111.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical HMPHCC2 is not medically appropriate and necessary.

Compound HNPC1; Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base 180g: 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.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical HNPC1 is not medically appropriate and necessary.

Physical therapy evaluation and treatment x 12 for the lumbar spine, right shoulder, right hip, bilateral knees, right ankle and right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 and 99.

Decision rationale: Guidelines state that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 10-12 visits over 8 weeks for the lumbar spine. In this case, the patient has completed an unknown number of sessions since 11/14. The patient's objective functional response from prior therapy was not documented. Limitations in the lumbar spine, right shoulder, knee and foot ROM that might benefit from formal physical therapy rather than a home exercise program were not documented. The request for 12 physical therapy sessions is not medically necessary and appropriate.