

<b>Case Number:</b>	CM15-0018410		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	01/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 (n) 37-year-old male, who sustained an industrial injury on 10/25/13. He reported pain in his low back and shoulder after a slip and fall accident. The injured worker was diagnosed as having lumbar radiculopathy; lumbar sprain, lumbar HNP, right shoulder pain and status post left shoulder surgery. Treatment to date has included acupuncture, physical therapy, a bilateral shoulder MRI, a lumbar MRI and chiropractic treatments. Current medications include Deorizine, Dicoprofanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine and Gabapentin (since at least 8/11/14). As of the PR2 dated 1/5/15, the injured worker reports status post left shoulder surgery with 7/10 residual pain and right shoulder pain. He also has 8/10 pain in his lower back. Objective findings include decreased lumbar range of motion and tenderness to palpation in the paraspinal muscles. The treating physician was unable to assess shoulder range of motion due to surgical restrictions. The treating physician requested shockwave therapy to the lumbar spine x 6 sessions, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of shockwave therapy to 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 - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 209-301.

**Decision rationale:** This 37 year old male has complained of low back pain and shoulder pain since date of injury 10/25/2013. He has been treated with surgery, physical therapy, acupuncture, chiropractic therapy and medications. The current request is for 6 sessions of shockwave therapy to the lumbar spine. Per the MTUS guidelines cited above, shockwave therapy is not a recommended treatment modality for chronic lower back pain. On the basis of the available medical records and per the MTUS guidelines cited above, 6 sessions of shockwave therapy to the lumbar spine is not indicated as medically necessary.

**Unknown prescription of capsaicin:** 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.

**Decision rationale:** This 37 year old male has complained of low back pain and shoulder pain since date of injury 10/25/2013. He has been treated with surgery, physical therapy, acupuncture, chiropractic therapy and medications. The current request is for capsaicin. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Capsaicin is not indicated as medically necessary.

**Unknown prescription of Flurbiprofen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** This 37 year old male has complained of low back pain and shoulder pain since date of injury 10/25/2013. He has been treated with surgery, physical therapy, acupuncture, chiropractic therapy and medications to include Flurbiprofen since at least 12/2014. The current request is for Flurbiprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 6 months. There is inadequate documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Flurbiprofen is not indicated as medically necessary in this patient.

**Unknown prescription of Menthol: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** This 37 year old male has complained of low back pain and shoulder pain since date of injury 10/25/2013. He has been treated with surgery, physical therapy, acupuncture, chiropractic therapy and medications. The current request is for menthol. Per the MTUS guidelines cited above, Menthol is not a recommended treatment modality for chronic low back pain. On the basis of the available medical records and per the MTUS guidelines cited above, Menthol is not indicated as medically necessary.

**Unknown prescription of Cyclobenzaprine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 37 year old male has complained of low back pain and shoulder pain since date of injury 10/25/2013. He has been treated with surgery, physical therapy, acupuncture, chiropractic therapy and medications to include Cyclobenzaprine since at least 12/2014. Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not considered medically necessary for this patient.

**Unknown prescription of Gabapentin: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49.

**Decision rationale:** This 37 year old male has complained of low back pain and shoulder pain since date of injury 10/25/2013. He has been treated with surgery, physical therapy, acupuncture, chiropractic therapy and medications to include Gabapentin since at least 12/2014. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records, which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.