

<b>Case Number:</b>	CM15-0137245		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 38 year old male, who sustained an industrial injury on December 22, 2011. Treatment to date has included diagnostic imaging, trigger point injection, home exercise program, physical therapy, NSAIDS, ice therapy, and opioid medications. Currently, the injured worker complains of low back pain with bilateral lower extremity symptoms. He rates his pain a 7 on a 10-point scale and complains of increased myofascial pain and trigger points of the lumboparaspinal musculature. He has trigger point injection, physical therapy, myofascial release, NSAIDs and ice therapy with no benefit for his pain. He has tenderness to palpation over the lumbar spine and lumboparaspinal musculature. His lumbar range of motion is limited in all planes. The diagnoses associated with the request include lumbar facet osteoarthropathy and lumboparaspinal trigger points. The treatment plan includes extracorporeal shockwave therapy to treat lumboparaspinal trigger points and myofascial pain syndrome and gabapentin 6% compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy x 5 sessions for 30 minutes each session for cervical spine and 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).

**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 chapter and pg 82.

**Decision rationale:** According to the guidelines, evidence does not support the effectiveness of ultrasound or shockwave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, the claimant had already undergone numerous interventions that have more proven benefit for neck and back pain. Therefore, the request is not medically necessary.

**Gabapentin 6% 300 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti-epileptics such as Gabapentin are not recommended due to lack of evidence. In this case, the claimant was on oral opioids and no mention of reduction in use with topical Gabapentin. Since the compound above contains these topical medications, the compound in question is not medically necessary.