

Case Number:	CM15-0165736		
Date Assigned:	09/03/2015	Date of Injury:	10/23/2013
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 44 year old male, who reported an industrial injury on 10-23-2013. His diagnoses, and or impression, were noted to include: cervical disc displacement and degeneration; lumbosacral disc degeneration; cervicgia; brachial neuritis; and sprain of neck and lumbar spine region. Recent magnetic imaging studies of the left ankle were done on 2-24-2015. His treatments were noted to include: diagnostic studies; acupuncture treatments; chiropractic and physiotherapy; extra-corporeal shock-wave therapy for the left ankle; activity modifications; medication management; and rest from work. The progress notes of 3-31-2015 reported decreased motor strength in the left shoulder and left ankle with a mild antalgic gait and mild limp; occasional, moderate cervical neck pain; occasional, moderate lumbar spine pain; constant, moderate left shoulder pain; and constant, moderate left ankle pain. Objective findings were noted to include: tenderness of the bilateral trapezii, cervical para-vertebral and sub- occipital muscles; spasms of the cervical para-vertebral muscles; decreased cervical range-of- motion; tenderness of the lumbar para-vertebral muscles with decreased range-of-motion; tenderness of the left shoulder, with muscle spasms, positive Neer's and Hawkins signs, and decreased range-of-motion; and tenderness of the anterior left ankle with decreased extension. The physician's requests for treatments were noted to include extra-corporeal shock-wave therapy for the cervical spine, and the continuation of an analgesic compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/hyaluronic acid 0.2% in cream base 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics.

Decision rationale: The patient was injured on 10/23/13 and presents with left shoulder pain and neck pain. The request is for flurbiprofen 20%/baclofen 5%/camphor 2%/menthol 2%/dexamethasone micro 0.2%/capsaicin 0.025%/hyaluronic acid 0.2% in cream base 240 grams. The RFA is dated 07/30/15 and the patient's current work status is not provided. MTUS Guidelines, Topical Analgesics, page 111 states: "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS, page 29, Capsaicin, topical, Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The patient is diagnosed with cervical disc displacement and degeneration, lumbosacral disc degeneration, cervicalgia, brachial neuritis, and sprain of neck and lumbar spine region. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Extracorporeal Shockwave Therapy x6 for cervical 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), ESWT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter under Extracorporeal shock wave therapy.

Decision rationale: The patient was injured on 10/23/13 and presents with left shoulder pain and neck pain. The request is for an extracorporeal shockwave therapy x 6 for cervical spine. The RFA is dated 07/30/15 and the patient's current work status is not provided. Review of the reports provided indicate that the patient had his second cervical ESWT on 08/10/15. However, the results of this therapy are not provided. ODG guidelines, Neck and Upper Back chapter under Extracorporeal shock wave therapy (ESWT) states: Not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The patient has tenderness of the bilateral trapezii, cervical para-vertebral and sub-occipital muscles as well as spasms of the cervical para-vertebral muscles and a decreased cervical range-of-motion. He is diagnosed with cervical disc displacement and degeneration, lumbosacral disc degeneration, cervicgia, brachial neuritis, and sprain of neck and lumbar spine region. Although the patient has had prior ESWT to the cervical spine, ODG Guidelines does not recommend them. Due to lack of support, the request IS NOT medically necessary.