

Case Number:	CM15-0166640		
Date Assigned:	09/04/2015	Date of Injury:	10/22/2014
Decision Date:	10/08/2015	UR Denial Date:	08/10/2015
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:

The injured worker is a 35-year-old male who sustained an industrial injury on October 22, 2014 resulting in right shoulder pain. Diagnoses for this injury have included right shoulder adhesive capsulitis and rotator cuff tear. Documented treatment includes physical therapy and medication with response to treatment not provided. The injured worker continues to present with right shoulder pain with restricted range of motion. The treating physician's plan of care includes four sessions of extracorporeal shockwave therapy for the right shoulder and a prescription for 30 Terocin patches. Recent work status was temporarily totally disabled as of June 3, 2015 physician's note, but current information is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four sessions of extracorporeal shockwave therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter under Extracorporeal Shockwave Treatment (ESWT).

Decision rationale: The 35-year-old patient complains of pain and numbness in lower back, right shoulder, right elbow, and right wrist, rated at 4-5/10, as per progress report dated 04/22/15. The request is for four sessions of extracorporeal shockwave therapy for the right shoulder. There is no RFA for this case, and the patient's date of injury is 10/22/14. Diagnoses, as per progress report dated 04/22/15, included lumbar musculoligamentous strain/sprain, r/o lumbar spine discogenic disease, right shoulder sprain/strain, tendinitis, impingement syndrome, right elbow sprain/strain, lateral epicondylitis, right wrist sprain/strain, r/o right wrist carpal tunnel syndrome, and rash secondary to pain. Medications included Terocin patch, Methoderm gel, and Bactroban cream. The patient is temporarily totally disabled, as per the same progress report. ODG Guidelines, Shoulder Chapter under Extracorporeal Shockwave Treatment (ESWT) states: Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogeneous deposits, quality evidence have found extracorporeal shock wave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness. 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. In this case, only one progress report dated 04/22/15 is available for review. In the report, the treater is requesting for ESWT "due to rotator cuff syndrome." ODG, however, supports the use of this treatment modality only for calcifying tendinitis. There is no such diagnosis in this patient. Hence, the request is not medically necessary.

Terocin patch #30: 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): Lidoderm (lidocaine patch).

Decision rationale: The 35-year-old patient complains of pain and numbness in lower back, right shoulder, right elbow, and right wrist, rated at 4-5/10, as per progress report dated 04/22/15. The request is for Terocin patch #30. There is no RFA for this case, and the patient's date of injury is 10/22/14. Diagnoses, as per progress report dated 04/22/15, included lumbar musculoligamentous strain/sprain, r/o lumbar spine discogenic disease, right shoulder sprain/strain, tendinitis, impingement syndrome, right elbow sprain/strain, lateral epicondylitis, right wrist sprain/strain, r/o right wrist carpal tunnel syndrome, and rash secondary to pain. Medications included Terocin patch, Methoderm gel, and Bactroban cream. The patient is temporarily totally disabled, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 57, Lidoderm (Lidocaine patch) section states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic

Lidoderm (Lidocaine patch)', it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, only one progress report dated 04/22/15 is available for review. The report documents the use of the Terocin patch. However, it is not clear when this medication was initiated. The treater states "Topical medications were prescribed in order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." The patient does suffer from right wrist pain for which Terocin patch may be indicated. Nonetheless, the treater does not mention how and where the patch is being used. Additionally, there is no discussion regarding the efficacy of the patch in terms of reduction in pain and improvement in function. Given the lack of relevant documentation, the request is not medically necessary.