

<b>Case Number:</b>	CM15-0168147		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on 5-8-2014. The current diagnoses are left gastrocnemius partial tear with residual tenderness, rule out cystic changes of gastrocnemius, and left Achilles tendinitis. According to the progress report dated 7-10-2015, the injured worker complains of left lower extremity pain (calf-lower leg-ankle). The level of pain is not rated. The physical examination of the left lower leg reveals antalgic gait, tenderness to palpation over posterior and proximal calf, decreased bilateral deep tendon reflexes of the knees and ankles, tenderness to palpation over the posterior left ankle, decreased range of motion, and decreased motor strength (4-5) left ankle. The current medications are not specified. There is documentation of ongoing treatment with Tramadol since at least 1-7-2015. Treatment to date has included medication management, X-rays, CAM walker, physical therapy, MRI studies, and electrodiagnostic testing. Work status is described as temporarily totally disabled. The request for authorization (7-10-2015) requested Tramadol, urine toxicology, physical therapy evaluation, and 4 extracorporeal shockwave therapy sessions to the left ankle. The original utilization review (7-23-2015) partially approved a request for Tramadol #42 (original request for #60) for tapering and non-certified a request for 4 extracorporeal shockwave therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 extracorporeal shockwave therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic) - Extracorporeal Shockwave therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Extracorporeal shockwave therapy and Other Medical Treatment Guidelines [http://www.aetna.com/cpb/medical/data/600\\_699/0649.html](http://www.aetna.com/cpb/medical/data/600_699/0649.html).

**Decision rationale:** Pursuant to the Aetna Clinical Policy Bulletin, and the Official Disability Guidelines, extracorporeal shock wave therapy one time per week times four weeks is not medically necessary. Aetna considers extracorporeal shock-wave therapy (ESWT) medically necessary for calcific tendinopathy of the shoulder of at least 6 months duration with calcium deposit of 1 cm or greater, and who have failed to respond to appropriate conservative therapies (e.g., rest, ice application, and medications). Aetna considers extracorporeal shock-wave therapy (ESWT), extracorporeal pulse activation therapy (EPAT) (also known as extracorporeal acoustic wave therapy) experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient evidence of effectiveness of ESWT for these indications in the medical literature: Achilles tendonitis (tendinopathy); Delayed unions; Erectile dysfunction; Lateral epicondylitis (tennis elbow); Low back pain; Medial epicondylitis (golfers elbow); Non-unions of fractures; Osteonecrosis of the femoral head; Patellar tendinopathy; Peyronie's disease; Rotator cuff tendonitis (shoulder pain); Stress fractures; Wound healing (including burn wounds); Other musculoskeletal indications (e.g., calcaneal spur, Hammer toe, tenosynovitis of the foot or ankle, and tibialis tendinitis). In this case, the injured worker's working diagnoses are left gastrocnemius partial tear with residual tenderness; rule out cystic changes gastrocnemius; and left Achilles tendinitis. Date of injury is May 8, 2014. Request for authorization is July 10, 2015. According to a progress note dated April 1, 2015 the treating provider prescribe Norco. According to a progress note dated May 6, 2015, the treating provider prescribed tramadol. According to a new patient first report dated July 6, 2015, subjective complaints included left lower extremity pain and ankle pain. Objectively, the injured worker has an antalgic gait. The calf is tender to palpation in the ankle is tender to palpation. Treating provider requested extracorporeal shock wave therapy to the left ankle. Extracorporeal shock wave therapy is not clinically indicated for the ankle. Extra portal shockwave therapy is indicated for plantar fasciitis and calcified tendinopathy of the shoulder. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and non-guideline recommendations for extracorporeal shockwave therapy, extracorporeal shock wave therapy one time per week times four weeks is not medically necessary.

#### **Tramadol 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids, Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left gastrocnemius partial tear with residual tenderness; rule out cystic changes gastrocnemius; and left Achilles tendinitis. Date of injury is May 8, 2014. Request for authorization is July 10, 2015. According to a progress note dated April 1, 2015 the treating provider prescribe Norco. According to a progress note dated May 6, 2015, the treating provider prescribed tramadol. According to a new patient first report dated July 6, 2015, subjective complaints included left lower extremity pain and ankle pain. Objectively, the injured worker has an antalgic gait. The calf is tender to palpation in the ankle is tender palpation. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation showing an attempt to wean ongoing tramadol use. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments, and no attempt to wean tramadol, Tramadol 50 mg #60 is not medically necessary.