

<b>Case Number:</b>	CM15-0183264		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: 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 34 year old male, who sustained an industrial injury on 12-6-2013. The medical records indicate that the injured worker is undergoing treatment for lumbar disc protrusion, lumbar radiculopathy, and lumbar sprain-strain. According to the progress report dated 7-16-2015, the injured worker presented with complaints of frequent, moderate low back pain. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness to palpation over the paravertebral muscles with spasms, restricted range of motion, and negative straight leg raise test. There is documentation of ongoing treatment with Tramadol since at least 2014 and Percocet since at least 4-20-2015. Previous diagnostic studies include electrodiagnostic testing and MRI studies. Treatments to date include medication management, physical therapy (no benefit), chiropractic (no benefit), and lumbar epidural steroid injection. Work status is described as off work. The original utilization review (9-10-2015) had non-certified a request for Percocet, Tramadol, topical compound cream, and 6 electroshock wave sessions to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 electroshockwave (ESWT) sessions for 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, Shock wave therapy.

**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, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** MTUS does not address this request. Per guidelines, Extracorporeal Shockwave Treatment (ESWT) is approved for the treatment of Rotator cuff tendonitis associated with calcific deposits in the tendon (calcific tendonitis). It is recommended for use in patients, whose pain has remained despite six months of standard treatment and at least three conservative treatments, including rest, Ice, NSAIDs, Orthotics, Physical Therapy and Cortisone injections. Documentation fails to demonstrate a diagnosis that fits the criteria for the recommendation of Extracorporeal shock wave therapy (ESWT). The request for 6 electroshock wave (ESWT) sessions for the lumbar spine is not medically necessary

**Flur 20%/Baclo 5%/Camp 2%/Ment 2%/Dex 0.2%/Cap 0.025%/Hya 0.2% in cream base 240gm:** 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): Topical Analgesics.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application and MTUS provides no evidence recommending the use of topical Menthol or Camphor. Furthermore, MTUS does not recommend the use of muscle relaxants as a topical agent. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flur 20%/Baclo 5%/Camp 2%/Ment 2%/Dex 0.2%/Cap 0.025%/Hya 0.2% in cream base 240gm is not medically necessary by MTUS.

**Ami 10%/Gaba 10%/Bipi 5%/Hya 0.2% in cream base 240gm dispensed on 7/16/15:**  
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): Topical Analgesics.

**Decision rationale:** MTUS states that the use of topical Gabapentin is not recommended. MTUS further provides no evidence recommending the use of topical Amitriptyline. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Ami 10%/Gaba 10%/Bipi 5%/Hya 0.2% in cream base 240gm dispensed on 7/16/15 is not medically necessary by MTUS.

**Percocet 10/325mg #60 prescribed on 7/16/15: 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): Opioids for chronic pain.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic low back pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Percocet 10/325mg #60 prescribed on 7/16/15 is not medically necessary.

**Tramadol ER 150mg #30 prescribed on 7/16/15: 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): Opioids for chronic pain.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complains of chronic low back pain. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol ER. With MTUS guidelines not being met, the request for Tramadol ER 150mg #30 prescribed on 7/16/15 is not medically necessary.