

Case Number:	CM15-0184630		
Date Assigned:	10/15/2015	Date of Injury:	04/09/2015
Decision Date:	12/22/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male, who sustained an industrial injury on 4-9-2015. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for sprain shoulder and arm not otherwise specified, sprain thoracic region, and sprain lumbar region. Medical records (6-17-2015) indicate right shoulder and low back pain radiating into the right lower extremity with numbness, tingling, weakness, and a burning sensation. His pain is rated: 8 out of 10 right shoulder and 6 out of 10 low back. The physical exam (7-17-2015) reveals tenderness and spasm of the bilateral thoracic paraspinals, decreased thoracic range of motion, and midline tenderness at T10-12 (thoracic 10-12). There is tenderness over the bilateral lumbar paraspinals, quadratus lumborum, sacroiliac joint, piriformis, and sciatic notch. There are spasms over the bilateral lumbar paraspinals and quadratus lumborum. There is decreased lumbar range of motion. The right shoulder exam reveals tenderness and spasms over the right upper trapezius, tenderness over the rotator cuff, and positive impingement, Hawkin's, and Neer's. The right shoulder range of motion is decreased. Medical records (7-17-2015) indicate ongoing right shoulder, thoracic spine, and lumbar spine pain. His pain was rated 8 out of 10. The physical exam (7-17-2015) reveals tenderness and spasm of the thoracic paraspinals, the lumbar paraspinals, and the quadratus lumborum. There is lumbar flexion of 35 and extension of 15. Per the treating physician (7-17-2015 report), a urinalysis was performed on this date, but the results of this test were not included in the provided medical records. Treatment has included physical therapy, lumbar epidural steroid injections, off work, and medications including pain, topical pain

(Cyclobenzaprine-Flurbiprofen 2-25% and Gabapentin-Dextromethorphan-Amitriptyline since at least 6-2015), and muscle relaxant. Per the treating physician (7-17-2015 report), the injured worker was returned to modified work with restrictions that included maximum lifting and carrying of 10 pounds, limited overhead and right upper extremity work, and limited standing, sitting, and walking. No climbing, bending, or squatting. On 7-17-2015, the requested treatments included one patient education with virtual medical, Cyclo-Flurbi 2-25% 180 gm, Gaba-Dextro-Amitrip 15-10-4 % 180 gm, one urine toxicology, one functional capacity exam, continuing shockwave therapy, and Cyclobenzaprine 5 mg #60. On 8-26-2015, the original utilization review non-certified requests for one patient education with virtual medical, Cyclo-Flurbi 2-25% 180 gm, Gaba-Dextro-Amitrip 15-10-4 % 180 gm, one urinalysis, one functional capacity exam, unknown shockwave therapy, and Cyclobenzaprine 5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) patient education with virtual medical: Overturned

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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Education.

Decision rationale: Per the MTUS, Patient education is recommended. On-going education of the patient and family, as well as the employer, insurer, policy makers and the community should be the primary emphasis in the treatment of chronic pain. Currently, practitioners often think of education last, after medications, manual therapy and surgery. Practitioners must develop and implement an effective strategy and skills to educate patients, employers, insurance systems, policy makers and the community as a whole. An education-based paradigm should always start with inexpensive communication providing reassuring information to the patient. More in-depth education currently exists within a treatment regime employing functional restorative and innovative programs of prevention and rehabilitation. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self- management of symptoms and prevention. While patient education is an integral aspect of patient management, more in depth education designed to develop lifelong skills for self-care that help people avoid poor habits affecting posture and neuromuscular coordination is described as effective by the MTUS, therefore the request for One (1) patient education with virtual medical is medically necessary.

Cyclo/Flurbi 2/25% 180 gm: 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: Per the MTUS, topical analgesics are recommended as an option, 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. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical use of muscle relaxants are not supported by the guidelines. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed therefore the request for Cyclo/Flurbi 2/25% 180 gm is not medically necessary.

Gaba/Dextro/Amitrip 15/10/4 % 180 gm: 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: Per the MTUS, topical analgesics are recommended as an option, 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. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, this combination of topical medications is also not supported by the guidelines and is not medically necessary.

One (1) urinalysis: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine Drug testing.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records did not reveal documentation of risk stratification and without this information medical necessity for Urinalysis is not established. The request is not medically necessary.

One (1) functional capacity exam: 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: Decision based on MTUS General Approaches 2004, Section(s): Prevention. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty / Functional capacity evaluation (FCE).

Decision rationale: The MTUS states that to determine fitness for duty, it is often necessary to "medically" gauge the capacity of the individual compared with the objective physical requirements of the job based on the safety and performance needs of the employer and expressed as essential functions. Per the ODG, Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if. The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. A review of the injured workers medical records that are available to me do not describe a purpose or goal for the evaluation and without this it is difficult to establish medical necessity based on the guidelines. The request is not medically necessary.

Unknown shockwave therapy: 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 / Extracorporeal shock wave therapy (ESWT).

Decision rationale: The MTUS / ACOEM did not specifically address the use of shock wave therapy for the shoulder therefore, other guidelines were consulted. Per the ODG, it is "recommended for calcifying tendinitis but not for other shoulder disorders. 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." However, a review of the injured workers medical records that are available do not reveal a clear rationale for ordering this treatment, therefore the request is not medically necessary.

Cyclobenzaprine 5 mg #60: Overturned

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): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. A review of the injured workers medical records reveal documentation of ongoing muscle spasm the use of cyclobenzaprine for the injured workers muscle spasm is appropriate, therefore the request for Cyclobenzaprine 5 mg #60 is medically necessary.