

<b>Case Number:</b>	CM15-0190828		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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, Pain Management

### 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 45 year old female who sustained an industrial injury February 25, 2014. According to a primary treating physician's progress report dated August 6, 2015, the injured worker presented with complaints of low back pain, rated 9 out of 10 an increase from 8 out of 10 the last visit, that radiates in the pattern of bilateral L4 and L5 dermatomes, as well as pain in the bilateral shoulder- right shoulder 7 out of 10 and left shoulder 8 out of 10, bilateral hips, rated 7 out of 10, and bilateral knees- right stable and left 9 out of 10. Objective findings included; lumbar spine-an increase to grade 3 tenderness and spasm decreasing to grade 2 from 3, restricted range of motion, straight leg raise positive bilaterally; bilateral shoulder-impingement and supraspinatus are positive; bilateral hips- restricted range of motion; bilateral knees- restricted range of motion and positive McMurray's. A notation of extracorporeal shockwave procedure performed dated July 10, 2015. Diagnoses are lumbosacral musculo-ligamentous strain, sprain with radiculitis; rule out lumbar spine discogenic disease; bilateral shoulder sprain, strain, bilateral shoulder tendinitis; bilateral hip sprain, strain versus lumbar radiculitis; bilateral knee sprain, strain versus lumbar radiculitis; rule out bilateral knee internal derangement. The physician documented the injured worker has completed (17) sessions of physical therapy to date. At issue, is the request for authorization for acupuncture, ESWT, Gabacyclotram 180gm and Flurbi (NAP) cream-LA 180gm. A drug toxicology screen report dated June 25, 2015, is present in the medical record. An MRI of the right shoulder, dated August 19, 2015, (report present in the medical record) impression; supraspinatus tendinosis; infraspinatus tendinosis; subcapularis tendinosis; occult tears of the rotator cuff are not excluded

by conventional sequences; in addition, labral pathology and potential occult tears are better visualized by modalities such as MR arthrogram. According to utilization review dated August 31, 2015, the requests for outpatient extracorporeal shockwave (ESWT) of the right shoulder (4) sessions, outpatient acupuncture (2 ) times a week for (4) weeks (8) sessions, Gaba-cyclotram (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%) 180gm, and Flurbi (NAP) cream-LA (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%) 180 gm are non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Outpatient extracorporeal shockwave (ESWT) of the right shoulder 4 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal Shockwave Therapy (ESWT).

**Decision rationale:** Regarding the request for extracorporeal shockwave therapy, Occupational Medicine Practice Guidelines support the use of extracorporeal shock wave therapy for calcified tendinitis of the shoulder. ODG further clarifies that extracorporeal shockwave therapy is recommended for calcified tendinitis of the shoulder but not for other shouldered disorders. Within the documentation available for review, there is no identification of a diagnosis of calcified tendinitis. As such, the currently requested extracorporeal shock wave therapy is not medically necessary.

**Flurbi (NAP) cream- LA ( Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 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:** Regarding the request for Flurbi (NAP) cream- LA ( Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical Lidocaine is 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). Additionally, it is supported only as a dermal patch. Guidelines do not support the use of topical antidepressants. As such, the currently requested Flurbi (NAP) cream-LA ( Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 gm is not medically necessary.

**Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 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:** Regarding the request for Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180 gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Tramadol is not supported in topical form. Regarding topical Gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180 gm is not medically necessary.

**Outpatient acupuncture 8 sessions; 2 times a week for 4 weeks to the lumbar spine, bilateral shoulders, bilateral hip and knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for a visit exceeds the 6 visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.