MAXIMUS Federal Services

Case Number:	CM15-0207483		
Date Assigned:	10/26/2015	Date of Injury:	11/12/2014
Decision Date:	12/31/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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: California
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 55 year old female, who sustained an industrial injury on November 12, 2014, incurring right shoulder injuries. She also complained of neck pain. She was diagnosed with cervical spinal sprain, right rotator cuff tear, right shoulder bursitis, right shoulder impingement syndrome, right shoulder sprain and SLAP lesion. Treatment included physical therapy, anti-inflammatory drugs, antidepressants, topical analgesic creams, muscle relaxants, physical therapy, shockwave treatments and activity restrictions. Currently, the injured worker complained of constant neck pain, with numbness and tingling radiating into the bilateral upper extremities. She complained of persistent right shoulder pain with rotation and overhead reaching, lifting, carrying, pushing and pulling. She rated her pain 6 on a scale from 1 to 10. Her pain was aggravated by prolonged sitting, and standing. The treatment plan that was requested for authorization included retrospective shockwave therapy for the right shoulder for dates of service July 10, 2015 July 17 and July 24, 2015; shockwave therapy for the cervical spine for dates of service July 31, 2015, August 2 and August 14, 2015; retrospective prescriptions for Cyclobenzaprine HCL #90 for date of service June 25, 2015; and retrospective prescriptions for topical analgesic compound creams for date of service June 29, 2015. On September 30, 2015, a request for shockwave therapy to the right shoulder and cervical spine was denied by utilization review. Requests for topical analgesic compound creams were non-approved and a prescription for Cyclobenzaprine #90 was modified to a quantity of #63 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective extracorporeal shockwave therapy X 3 for right shoulder (DOS 7/10/15, 7/17/15, 7/24/15): Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: Extracorporeal shock wave therapy is not recommended by the guidelines. Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in reducing pain and improving function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Retrospective extracorporeal shockwave therapy X 3 for right shoulder (DOS 7/10/15, 7/17/15, 7/24/15) is not medically necessary.

Retrospective extracorporeal shockwave therapy X 3 for cervical spine (DOS 7/31/15, 8/7/15, 8/14/15): 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), Neck & Upper Back Chapter, Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: Extracorporeal shock wave therapy is not recommended by the guidelines. Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in reducing pain and improving function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Retrospective extracorporeal shockwave therapy X 3 for cervical spine (DOS 7/31/15, 8/7/15, 8/14/15) is not medically necessary.

Retrospective Cyclobenzaprine HCL 7.5mg #90 1 po tid prn muscle spasm (DOS 6/25/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Retrospective Cyclobenzaprine HCL 7.5mg #90 1 po tid prn muscle spasm (DOS 6/25/15) is not medically necessary.

Retrospective HMPHCC2-Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base (DOS 6/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, NSAIDs (non-steroidal anti-inflammatory drugs), Antiepilepsy drugs (AEDs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Retrospective HMPHCC2-Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base (DOS 6/29/15) is not medically necessary.

Retrospective HNPC-Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base, dispensed 240 grams for 30 day supply (DOS 6/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Retrospective HNPC-Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base, dispensed 240 grams for 30 day supply (DOS 6/29/15) is not medically necessary.