

Case Number:	CM15-0065657		
Date Assigned:	05/12/2015	Date of Injury:	11/26/2013
Decision Date:	07/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/07/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on November 26, 2013. She has reported pain injury to the neck, mid/upper back, lower back, left shoulder, left hip, and left knee and has been diagnosed with head pain, status post multiple strokes with mild facial palsy and numbness, cervical spine musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic musculoligamentous strain/sprain myofascial pain, lumbar spine musculoligamentous strain/sprain with radiculitis, lumbar spine protrusion, left shoulder strain/sprain and impingement syndrome, rule out left shoulder rotator cuff tear, left wrist strain/sprain and carpal tunnel syndrome, status post left hip replacement with aggravation, and left knee sprain/strain. Treatment has included medications, physical therapy, massage, and electrical stimulation. Examination noted tenderness to palpation of the cervical paraspinal muscles with restricted range of motion. There was grade 3 tenderness to palpation of the thoracic paraspinal muscles with restricted range of motion. Examination of the lumbar spine noted grade 3 tenderness to palpation over the paraspinal muscles with restricted range of motion. There was tenderness to palpation of the left shoulder, left wrist, left hip, and left knee. The treatment request included shockwave therapy sessions, topical medication, and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy sessions x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Extracorporeal shock wave therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Shock wave therapy.

Decision rationale: The patient presents with headaches, neck, thoracic, lumbar, left hip and left knee pain. The current request is for extracorporeal shockwave therapy sessions x 6. The RFA dated 4/3/15 states that the shockwave sessions are for the T/S & L/S. The treating physician report dated 4/1/15 states, "The patient is to continue chiropractic therapy of the cervical, thoracic and lumbar spine as well as left shoulder, left wrist, left hip and left knee." The patient states that treatment helps; chiropractic therapy helps to decrease pain and tenderness with improved function by 10%. There is no discussion regarding the medical rationale for Extracorporeal shockwave therapy. The MTUS Guidelines do not discuss shock wave therapy. The ODG guidelines state, "The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged." There is no medical evidence to support the current request and ODG does not recommend shock wave treatment of the lumbar spine. Recommendation is not medically necessary.

Chiropractic therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-chiropractic guidelines, neck and upper back (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The patient presents with headaches, neck, thoracic, lumbar, left hip and left knee pain. The current request is for Chiropractic therapy 12 sessions. The treating physician report dated 4/1/15 states, "The patient is to continue chiropractic therapy of the cervical, thoracic and lumbar spine as well as left shoulder, left wrist, left hip and left knee." The patient states that treatment helps; chiropractic therapy helps to decrease pain and tenderness with improved function by 10%. The MTUS guidelines recommend an initial trial of 6 chiropractic treatments and with functional improvement treatment may be continued. In this case, the treating physician has documented that the patient requires continued chiropractic treatment.

There is no discussion of the number of prior sessions performed and continuation of care is only supported up to 6 visits before re-evaluation is required. The current request is not medically necessary and the recommendation is for denial.

Flurbi (NAP) cream,-LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with headaches, neck, thoracic, lumbar, left hip and left knee pain. The current request is for Flurbi (NAP) cream, LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 grams. The treating physician states, "She is prescribed Tramadol 50 mg #60 every 12 hours as needed, as well as Flurbi (NAP) cream, LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 gm to apply a thin layer to the affected areas in the morning and Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) compounded cream 180 gm to apply a thin layer to the affected areas in the evening." The MTUS guidelines do not support the usage of Lidocaine in cream or gel formulation. Additionally MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The current request is not medically necessary and the recommendation is for denial.

Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) compounded cream 180 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with headaches, neck, thoracic, lumbar, left hip and left knee pain. The current request is for Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) compounded cream 180 gram. The treating physician states, "She is prescribed Tramadol 50 mg #60 every 12 hours as needed, as well as Flurbi (NAP) cream, LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 gm to apply a thin layer to the affected areas in the morning and Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) compounded cream 180 gm to apply a thin layer to the affected areas in the evening." MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines do not support the usage of muscle relaxants or gabapentin in topical formulation. The current request is not medically necessary and the recommendation is for denial.