

Case Number:	CM15-0082762		
Date Assigned:	05/05/2015	Date of Injury:	11/25/2013
Decision Date:	07/27/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 11/25/13. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical musculoligamentous strain/sprain with radiculitis; thoracic musculoligamentous strain/sprain; lumbosacral musculoligamentous strain/sprain with radiculitis; left shoulder impingement. Treatment to date has included urine drug screening; physical therapy; extracorporeal shockwave therapy; Functional Capacity Evaluation (1/28/15); medications. Diagnostics included MRI cervical spine (2/16/14); MRI multiposition left shoulder (2/16/14); MRI right wrist (3/20/14); MRI right hand (3/20/14); MRI left wrist/hand/elbow; MRI right hand. Currently, the PR-2 notes dated 2/26/15 indicated the injured worker complains of neck, mid/upper back, lower back, bilateral shoulders and bilateral elbow pain. She also complains of pain and numbness in the bilateral wrists. She rates her neck and mid-upper back pain as 6/10; lower back at 7/10; right shoulder 6/10; left shoulder 8/10; right elbow as 5/10 and left elbow 7/10; right wrist 4/10 and left wrist 5/10. On physical examination the provider reports there is grade 2-4 tenderness to palpation over the paraspinal muscle of the cervical spine and palpable muscle spasms. She has restricted range of motion and trigger points are present over the paraspinal and left upper trapezius muscles. The thoracic spine notes a grade 2-3 tenderness to palpation and 1+ to 3 palpable spasms over the right shoulder, as well as grade 2 tenderness to palpation over there left shoulder on this visit. She has restricted range of motion. The bilateral elbow and bilateral wrists examination notes there is a grade 2-3 tenderness to palpation with restricted range of motion at both areas. She is scheduled for an EMG/NCV of the bilateral upper extremities and pending authorization for a pain management consultation. The provider is requesting authorization at this time for extracorporeal shock wave treatment left trapezius and Medication- Compound Cream- Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-Compound Cream- Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% 180gm: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

Extracorporeal shock wave treatment left trapezius: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wang, 2012, JOS and Research, vol 7, Extracorporeal shock wave therapy in musculoskeletal disorders, USDA, 9/4/2013 Medical devices, orthospec device extracorporeal shock wave therapy, Kirby Aug. 2013, Clinician's brief, Shockwave therapy as a treatment option.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shockwave therapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy 2. Three conservative therapies prior to ESWT have been tried prior 3. No contraindications to therapy 4. Maximum of 3 therapy sessions over 3 weeks. The particular service is not recommended for the requested site per the ODG or the ACOEM. Review of the documentation does not supply information to contradict these recommendations and therefore the request is not medically necessary.