

Case Number:	CM15-0088541		
Date Assigned:	05/14/2015	Date of Injury:	08/26/2013
Decision Date:	09/22/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/07/2015

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

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 56 year old male, who sustained an industrial injury on 8/26/2013. He reported continuous trauma of the right knee, low back, left shoulder, right wrist, hand and elbow. The injured worker was diagnosed as having continuous trauma injury to the right knee, left shoulder sprain/strain and impingement syndrome, lumbosacral sprain/strain, right elbow lateral epicondylitis, and right carpal tunnel syndrome. Treatment to date has included medications, electrodiagnostic studies, chiropractic care, magnetic resonance imaging, physical therapy, and acupuncture. The request is for physical therapy, extracorporeal shockwave therapy to bilateral wrists, Tramadol, urine toxicology completed on 10/31/2013, TGHOT, and FluriFlex. On 9/26/2014, he is reported to not be taking any medications. On 3/3/2015, a QME report indicated he has had no treatment for the past 6 months. He presented with current complaints of right knee pain and feeling of giving way, left shoulder pain, right elbow pain with radiation to the right wrist, thumb and index finger, and non-radiating low back pain. The records indicated he reported having decreased pain with physical therapy. Electrodiagnostic studies revealed bilateral carpal tunnel syndrome. The records indicated he had completed 12 physical therapy sessions, and it is unclear regarding the utilization of a home exercise program. The records do not indicate an intolerance of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for twelve physical therapy visits completed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with chronic right knee, low back, left shoulder, right wrist, and hand/elbow pain. The current request is for Retrospective request for twelve physical therapy visits. Treatment to date has included medications, electrodiagnostic studies, chiropractic care, magnetic resonance imaging, physical therapy, and acupuncture. The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 03/03/15, the patient has had no treatment for the past 6 months. He presented with current complaints of right knee pain and feeling of giving way, left shoulder pain, right elbow pain with radiation to the right wrist, thumb and index finger, and non-radiating low back pain. Electrodiagnostic studies revealed bilateral carpal tunnel syndrome. The request is for physical therapy 12x. The patient participated in 12 physical therapy sessions between 10/24/13 and 12/03/13. The patient reported improvement with prior therapy. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the request for additional PT. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy is not medically necessary.

Retrospective request for one ECSWT to bilateral wrists: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Division of Worker Compensation. Cumulative trauma conditions medical treatment guidelines 2010/Sep 16. page 121.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Hand & Wrist Chapter under Extracorporeal shockwave therapy (ESWT).

Decision rationale: This patient presents with chronic right knee, low back, left shoulder, right wrist, and hand/elbow pain. The current request is for Retrospective request for one ECSWT to bilateral wrists. Treatment to date has included medications, electrodiagnostic studies, chiropractic care, magnetic resonance imaging, physical therapy, and acupuncture. The patient is not working. ODG Guidelines, under the Elbow, Hand & Wrist Chapter regarding Extracorporeal shockwave therapy (ESWT) states that it is recommended for "Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard

treatment." This patient presents with a diagnosis of right elbow lateral epicondylitis, and suffers from continued right elbow pain with radiation to the right wrist, thumb and index finger. ODG supports ESWT for such conditions for persistent pain despite conservative treatments. The patient meets the indication for this treatment modality. The request is medically necessary.

Retrospective request for one prescription of Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 60, 61, 76- 78, 88, 89, 113.

Decision rationale: This patient presents with chronic right knee, low back, left shoulder, right wrist, and hand/elbow pain. The current request is for Retrospective request for one prescription of Tramadol 50mg #60. Treatment to date has included medications, electrodiagnostic studies, chiropractic care, magnetic resonance imaging, physical therapy, and acupuncture. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The patient has been diagnosed as having continuous trauma injury to the right knee, left shoulder sprain/strain and impingement syndrome, lumbosacral sprain/strain, right elbow lateral epicondylitis, and right carpal tunnel syndrome. The request is for a refill of Tramadol. The patient has been utilizing Tramadol since at least 10/24/13. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, there are no discussions regarding adverse side effects as required by MTUS for opiate management. Some of the 4A's have been addressed, but not all. This request is not medically necessary and recommendation is for slow weaning per MTUS.

Retrospective request for Urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: This patient presents with chronic right knee, low back, left shoulder, right wrist, and hand/elbow pain. The current request is for Retrospective request for Retrospective request for Urine toxicology. Treatment to date has included medications, electrodiagnostic studies, chiropractic care, magnetic resonance imaging, physical therapy, and acupuncture. The patient is not working. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at 'high risk' of adverse outcomes may require testing as often as once per month. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." The patient was given a UDS for medication monitoring on 09/11/13, 10/23/13, 12/04/13, 01/15/14, 04/09/14, and 05/21/14. In this case, the treater does not state that this patient is at high risk for aberrant behavior. There is no discussion as to whether this patient is considered at risk for drug abuse/diversion necessitating such frequent screening. Without a rationale as to why this patient requires more frequent urine drug screening, or a discussion of suspected non-compliance or diversion, the requested urine drug screen cannot be substantiated. The request is not medically necessary.

Retrospective request for TGHOT 180gm: Upheld

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

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

Decision rationale: This patient presents with chronic right knee, low back, left shoulder, right wrist, and hand/elbow pain. The current request is for Retrospective request for TGHOT 180gm. Treatment to date has included medications, electrodiagnostic studies, chiropractic care, magnetic resonance imaging, physical therapy, and acupuncture. The patient is not working. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "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) ...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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The patient has been diagnosed as having continuous trauma injury to the right knee, left shoulder sprain/strain and impingement syndrome, lumbosacral sprain/strain, right elbow lateral epicondylitis, and right carpal tunnel syndrome. The treater has requested TGHOT topical cream. In this case, TG Hot cream includes Gabapentin in its formulation and per MTUS

Gabapentin is not recommended in any topical formulation; therefore, the request is not medically necessary.

Retrospective request for one prescription of Fluriflex 180gm: Upheld

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

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

Decision rationale: This patient presents with chronic right knee, low back, left shoulder, right wrist, and hand/elbow pain. The current request is for Retrospective request for one prescription of Fluriflex 180gm. Treatment to date has included medications, electrodiagnostic studies, chiropractic care, magnetic resonance imaging, physical therapy, and acupuncture. The patient is not working. Fluriflex cream includes Flurbiprofen and cyclobenzaprine. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amenable to topical treatment." In this case, the patient does meet the indication for the topical NSAID, as he suffers from chronic knee pain. However, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request is not medically necessary.