MAXIMUS Federal Services

| Case Number: | CM14-0129126 | | |
|---|---|---|---|
| Date Assigned: | 08/18/2014 | Date of Injury: | 12/28/2010 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 07/10/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

## 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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48 year old male with a reported industrial injury on 12/1/2010. The mechanism of injury is reported as bilateral knee pain as the result of twisting his left knee while descending a staircase. The claimant has had multiple interventions, MRI, physical therapies and chiropractic care. There has been a subsequent Left knee arthroscopy and partial medical meniscectomy, synovectomy and chondroplasty. Despite the successful surgery, the claimant has persistent pain about the knee. There has been a repeat MRI of the left knee which reveals thinning of the medial compartment cartilage and a new bone contusion of the medial femoral condyle. Requests for shock wave therapy, left knee only, Synapryn 500ml QTY: 1.00, Trabadol 250ml QTY: 1.00, Deprizine 250ml QTY: 1.00, Dicopanol 150 ml QTY: 1.00, Fanatrex 420ml QTY: 1.00, Terocin Patches QTY: 1.00 were denied during the pre-authorization process on July 10, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Shock wave therapy, left knee only:** 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), Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Extracorporeal Shockwave Therapy

**Decision rationale:** CAMTUS does not address this modality. ODG cites the possible benefit when used for patellar tendonitis and non-healing long bone fractures. Neither of these diagnoses exist for this claimant. There are no randomized clinical trials to support the use of ECSWT for osteoarthritis or partial meniscectomies. Therefore this remains not medically necessary.

**Synapryn 500ml QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Glucosamine, Opioids

**Decision rationale:** Synaprin is a compound medication of tramadol and glucosamine. Each component is available individually and there is no medical literature to support any additive or accretive benefit of the combination compound medication. ODG holds that glucosamine may be of benefit to treat osteoarthritis. Tramadol is a weak opioid. But their combination is not medically necessary as each medication has its own effect. Therefore the request for Synaprin remains not medically necessary. .

**Trabadol 250ml QTY: 1.00:** 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 64.

**Decision rationale:** Trabadol is a combination of cyclobenzaprine, an antispasmodic and methylsulfonylmethane, a dietary supplement. There is no peer-reviewed medical literature to support any additive or accretive benefit in using the two together. CAMTUS holds that cyclobenzaprine should only be used for short term. Its chronic daily use is not supported by any medical literature. MSM is not addressed in CAMTUS or ODG and does not appear to have any value in the treatment of chronic knee pain. MSM is a dietary supplement which is not approved for the treatment of osteoarthritis. Therefore trabadol remains not medically necessary.

**Dicopanol 150 ml QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Co-pack drugs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment

**Decision rationale:** Dicopanol 150 ml is a combination of diphenhydramine, melatonin and food additives. Benadryl/diphenhydramine and melatonin are available as individual over the counter medications. Their combination provides no additive or accretive ebnefit to warrant the compounding. The claimant is noted to have some insomnia but there has not been a comprehensive sleep hygiene history to characterize the insomnia and primary or secondary. Therefore the request remains not medically necessary.

**Terocin Patches QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 105, 111-113.

**Decision rationale:** This is a combination of menthol, lidocaine, capsaicin and methylsalicylate. There is no benefit from the combination of these medication versus those agents applied separately. Lidocaine is indicated for neuropathic pain, Salicyclates may be of benefit and can be purchased over the counter. Capsaicin is reserved for those unresponsive to other measures. Therefore the request is not medically necessary.