

<b>Case Number:</b>	CM14-0147941		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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:

The records, presented for review, indicate that this 58-year-old individual was reportedly injured on February 14, 2014. The mechanism of injury was noted as a fall. The most recent progress note was handwritten and largely illegible, dated August 26, 2014, and indicated that there were ongoing complaints of neck and back pain, as well as bilateral wrist, hand, knee, foot and ankle pains. The physical examination demonstrated an alert and oriented individual, in no acute distress. The patient was using a walker. There was limited range of motion. There was positive Neer's, positive Hawkins, and positive McMurray's tests, all bilaterally. Diagnostic imaging studies included x-rays of the right knee, which demonstrated orthopedic hardware fixating a fracture of the patella, with suprapatellar effusion. Previous treatment included ORIF of patellar fracture, medications and physical therapy. Requests have been made for Cyclobenzaprine 10 mg #90, Methoderm cream 380 g, ESWT office visits, and physical therapy to the right knee (two times a week for four weeks) and were not certified in the pre-authorization process on August 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants: Page(s): 41, 64 OF127.

**Decision rationale:** MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

**Menthoderm Cream 380gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 of 127.

**Decision rationale:** Mentoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. MTUS treatment guidelines support methyl salicylate over placebo in chronic pain; however, there is no evidence-based recommendation or support for menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compounded product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Mentoderm is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent. As such, this request is not considered medically necessary.

**Extracorporeal Shock Wave Therapy (ESWT)-unknown frequency and duration:** 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) ODG -TWC; ODG Treatment Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic): Extracorporeal Shock Wave Therapy (ESWT) (updated 08/27/14).

**Decision rationale:** MTUS/ACOEM practice guidelines support Extracorporeal Shock Wave Therapy (ESWT) for treatment of calcific rotator cuff tendinitis of the shoulder that has failed 6 months of conservative treatment, physical therapy or occupational therapy, NSAIDs, and cortisone injections. Review of the available medical records fails to document plain radiograph findings or a diagnosis of calcific rotator cuff tendinitis. In addition, ESWT is not addressed by the guidelines for the cervical, thoracic or lumbar spine. As such, this request is not considered medically necessary.

**Physical Therapy right knee 2x4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: knee chapter ACOEM, Pain, Suffering, and the Restoration of Function Chapter, page 114

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127..

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain, specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has multiple chronic complaints and review of the available medical records fails to demonstrate an improvement in pain or function. The claimant already underwent multiple sessions of postoperative physical therapy, and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.