MAXIMUS Federal Services

Case Number:	CM14-0158222		
Date Assigned:	10/01/2014	Date of Injury:	02/15/2007
Decision Date:	11/06/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck, mid back, upper back, lower back, and left knee pain reportedly associated with an industrial injury of February 15, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for Terocin patches, denied a request for 12 sessions of extracorporeal shockwave therapy to the left knee, denied a request for a urine drug screen, and conditionally denied a request for tramadol. The applicant's attorney subsequently appealed. In a progress note dated July 30, 2014, the applicant reported multifocal neck, mid back, low back, and knee pain, 7-9/10. A gastroenterology consultation was sought. The applicant was asked to obtain six sessions of physical therapy, Terocin, extracorporeal shockwave therapy, and urine drug testing. The applicant's work status was not clearly stated on this occasion, although it did not appear that the applicant was working. In a progress note dated September 10 2014, the applicant was placed off of work, on total temporary disability. Physical therapy, tramadol, and several topical compounds were endorsed while the applicant was placed off of work. 9/10 multifocal pain complaints were reported. Urine drug testing of September 10, 2014 was reviewed and did include confirmatory and quantitative testing of numerous opioid, benzodiazepine, barbiturate, and antidepressant metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES #1 BOX WITH 3 REFILLS: 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: No, the request for Terocin patches is not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical agents and topical compounds such as Terocin are considered "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the largely experimental Terocin patches at issue. The applicant's ongoing usage of tramadol, an oral pharmaceutical, furthermore effectively obviates the need for Terocin. Therefore, the request is not medically necessary.

12 SESSIONS OF ECSWT TO THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 > Knee > Specific Diagnoses > Patellar Tendinosis, Patellar Tendinopathy Extracorporeal Shockwave Therapy ("Shockwave") Extracorporeal shockwave therapy (ESWT) has been utilized for treatment of tendinosis, especially in the shoulder and ankle. It has been documented to have efficacy for treatment of calcific tendinitis in the shoulder (see Shoulder Disorders chapter).(2208-2213)

Decision rationale: While the MTUS does not specifically address the topic of extracorporeal shockwave therapy for the knee, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does note that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the 12-session course of treatment proposed, by implication, does not include a proviso to reevaluate the applicant in the midst of the course to ensure the presence of program progression and/or functional improvement with the same. The Third Edition ACOEM Guidelines note that there is "no recommendation" for or against the usage of extracorporeal shockwave therapy for the treatment of patellar tendinosis, the diagnosis reportedly present here. Given the tepid ACOEM position on ESWT for the knee, it is difficult to support the lengthy, 12-session course of extracorporeal shockwave therapy proposed here, with no proviso to reevaluate the applicant in the midst of treatment to ensure program progression and functional improvement. Therefore, the request is not medically necessary.

1 URINE DRUG SCREEN: 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 ODG Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform urine drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, identify when an applicant was last tested, conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and eschew confirmatory or quantitative testing outside of the Emergency Department Drug Overdose context. In this case, however, the attending provider did not state when the applicant was last tested. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same. The testing performed on September 10, 2014 included nonstandard testing of multiple opioid, benzodiazepine, and barbiturate metabolites. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.