

Case Number:	CM14-0168061		
Date Assigned:	10/15/2014	Date of Injury:	02/07/2014
Decision Date:	11/18/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Practice, and is licensed to practice in Ohio. 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 injured worker is a 29-year-old male who traumatized his left arm and lower back on February 7, 2014 after he fell off a truck. Evidently he sustained a radial head fracture at the time of the incident. He has complained of ongoing left wrist, left shoulder, and low back pain. The physical exam reveals tenderness to palpation and spasm of the lumbar and cervical spines with diminished range of motion of each. The left shoulder reveals tenderness to palpation and diminished range of motion. The left wrist has revealed tenderness at times and at times has been normal. An MRI scan of the lumbar spine revealed a grade 1 retrolisthesis and a diffuse disc bulge at L5-S1 without effacement of the thecal sac. The diagnoses are cervical spine strain/sprain with radiculitis, cervical discogenic disease, thoracic sprain/strain, lumbar musculoskeletal strain/sprain with radiculitis, left shoulder sprain/strain, left shoulder tendinosis and labral tear, left wrist sprain/strain, and a left radial head fracture. The injured worker has been treated with Motrin, Flexeril, topical analgesics, physical therapy, and extracorporeal shock wave therapy of the left shoulder, at least one treatment. Physical therapy notes are not enclosed but physical therapy twice weekly for three weeks was ordered on March 21, 2014 with additional orders from June and August to continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. It is recommended as an option for pain and spasm, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this instance the use of cyclobenzaprine appears to be ongoing and therefore exceeding what is generally considered by the guidelines to be brief therapy. Therefore, Flexeril 7.5mg is not medically necessary.

Motrin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Inflammatories Page(s): 72.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: The Official Disability Guidelines recommend non-steroidal anti-inflammatory drugs like Motrin for acute exacerbations of chronic back pain. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID was clearly more effective than another. In this instance, it appears the injured worker has been taking the anti-inflammatory Motrin for roughly 5 months and the level of pain appears to be increasing. Because the use of Motrin appears to be continuous and not for acute exacerbations of chronic back pain in this instance, Motrin 600 mg is not medically necessary per the referenced guidelines.

Fluriflex 180g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the referenced guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Fluriflex is a compounded formulation of the anti-inflammatory flurbiprofen and the muscle relaxant cyclobenzaprine. Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. There are no recommendations from the Chronic Pain Medical Treatment Guidelines regarding topical muscle relaxants like cyclobenzaprine. In this instance, it is not clear where Fluriflex is being applied. The compound contains cyclobenzaprine which is not recommended by the referenced guidelines for topical use. Therefore, Fluriflex 180 grams are not medically necessary.

TG Hot, 180 G: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the referenced guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. TGHOT is a compounded formulation containing Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05% designed for topical use. The Chronic Pain Medical Treatment Guidelines have no recommendations regarding topical Tramadol but it is not specifically recommended. Topical gabapentin is specifically not recommended by the guidelines because there is no peer-reviewed literature to support use. Therefore, TG Hot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05%), 180 G, is not medically necessary.

Pt 2 Times a Week for 4 Weeks to the Cervical and Lumbar Spine and Left Upper Extremity: 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), Shoulder, Neck, and Low Back (Physical Therapy), ODG preface (Physical Therapy Guidelines)

Decision rationale: There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-

directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The guidelines generally allow up to 10 physical therapy visits over eight weeks for a rotator cuff sprain or superior glenoid labrum lesion, 10-12 physical therapy visits over eight weeks for degeneration of the cervical intervertebral disc, and 10 physical therapy visits over eight weeks for strains/sprains of the lumbar spine. In this instance, no physical therapy notes are submitted for review. The sole reference to physical therapy completed comes from 6-27-2014 which stated that the injured worker has had medication, physical therapy, and manipulation but continued to have significant residual symptoms. Because there was no physical therapy notes submitted the numbers of visits to date and any progress as a result cannot be ascertained. Therefore, PT 2 Times a Week for 4 Weeks to the Cervical and Lumbar Spine and Left Upper Extremity is not medically necessary.

Complete Extracorporeal Shockwave Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 11th Edition (web 2014) Low Back Shockwave Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal shock wave therapy (ESWT)

Decision rationale: Extra-corporeal shock wave therapy (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. For patients with calcifying tendinitis of the shoulder with inhomogeneous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its non-invasiveness. There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesion. In this case, an MRI of the left shoulder found evidence of rotator cuff tendinosis but there was no mention of any calcification. Therefore, additional Extra-corporeal Shock-wave Therapy for the left shoulder is not medically necessary.