

<b>Case Number:</b>	CM14-0177747		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 32 year-old male who sustained an industrial injury on 07/23/2013. The mechanism of injury was not provided for review. His diagnoses include low back pain, bilateral shoulder and bilateral wrist pain. On physical exam there is decreased range of motion of the lumbar spine with positive spasm. Bilateral shoulder exam revealed positive impingement. Treatment has consisted of medications including Tramadol, Norflex, Prilosec, Anaprox, and topical creams. The treating provider has requested Prilosec 20mg #60, topical compounds, and extra corporeal shockwave therapy sessions to the lumbar spine and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** 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 Page(s): 68.

**Decision rationale:** Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors

include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

**Pharmacy purchase of topical compound creams #1: Upheld**

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

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

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medications. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control ( including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanooids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug ( or drug class) that is not recommended is not recommended. In this case the names and doses of the medications in the compounded topical medication have not been specified. Medical necessity for the requested items have not been established. The requested treatment is not medically necessary.

**Orthopedic shockwave for lumbar spine and bilateral shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter updated 8/27/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012- Indications for Extracorporeal Shockwave Therapy

**Decision rationale:** Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment proposed to treat refractory tendinopathies such as plantar fasciitis and lateral epicondylitis (i.e., tennis elbow) and introduced as an alternative to surgery for patients with that have not responded to other conservative therapies. Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment that involves delivery of low- or high-energy shock waves via a device to a specific site within the body. These pressure waves travel through fluid and soft tissue; their effects occur at sites where there is a change in impedance, such as the bone/soft-tissue interface. Low-energy shock waves are applied in a series of treatments and do not typically cause any pain. High-energy shock wave treatments are generally given in one session and usually require some type of anesthesia. The documentation indicates the claimant has chronic low back pain

and bilateral shoulder pain. There is no indication for extracorporeal shockwave therapy for the treatment of these chronic pain conditions. Medical necessity for the requested service has not been established. the requested service is not medically necessary.