MAXIMUS Federal Services

Case Number:	CM14-0182933		
Date Assigned:	11/10/2014	Date of Injury:	02/02/2014
Decision Date:	12/19/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 claimant was injured on 02/02/14. Ketoprofen cream, Terocin patches, Cyclobenzaprine, Tabradol, Synapryn, Deprizine, Fanatrex, Dicopanol, a Urine Drug Screen, Shockwave Therapy, PT, and acupuncture are under review. On 07/03/14, treated and had ongoing high levels of pain. Indications gave him temporary relief. An EMG/NCV was awaited for the bilateral lower extremities. Chiropractic was ordered for the cervical and lumbar spines. He was given medical foods. An MRI of the cervical spine dated 09/30/14 revealed a central disc protrusion effacing the thecal sac at C5-6 and mild discogenic spondylosis from C3-C6. MRI of the lumbar spine revealed at L5-S1 a central disc protrusion effacing the thecal sac with mild discogenic spondylosis at L5-S1 is straightening of the lumbar lordosis. MRI of the shoulder revealed supraspinatus tendinosis and subacromial bursitis. He also had a psychiatric evaluation on 08/15/14. He was diagnosed with an adjustment disorder with mixed anxiety and depressed mood. He was evaluated on 10/03/14. He reported burning, radicular neck pain and muscle spasms. His pain was described as constant and moderate to severe at level 8/10. His left shoulder pain was level 8/10 and constant and worse with activity. He had burning radicular low back pain and muscle spasms at level 7-8/10. It was constant and moderate to severe with numbness and tingling of the left lower extremity. His medications give him temporary relief. He complained of abdominal pain and discomfort. He had tenderness of the suboccipital region and both trapezius muscles with decreased range of motion of the cervical spine. He had tenderness of the left shoulder with decreased range of motion. Sensation was slightly diminished in the cervical dermatomes in the bilateral arms and motor strength was 4/5 in all muscles of the bilateral upper extremities. Reflexes were active and symmetrical. His back had decreased range of motion and he had positive straight leg raise tests bilaterally but they are not

described. He had slightly decreased sensation of the lumbar dermatomes bilaterally and mildly decreased muscle strength in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Ketoprofen cream. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "There is no evidence of failure of all other first line drugs. Ketoprofen is not FDA-approved for topical use due to potentially serious side effects. Topical agents are only recommended in cases of intolerance to first line drugs and there is no evidence of unsuccessful trials of first line drugs such as acetaminophen or local modalities such as ice/heat and exercise. Therefore, the medical necessity of this request for topical Ketoprofen, usage directions unknown, has not been clearly demonstrated.

Terocin Patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/otc/terocin.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Terocin patches. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no evidence of failure of all other first line drugs. Topical agents are only recommended in cases of intolerance to first line drugs and there is no evidence of unsuccessful trials of first line drugs such as acetaminophen or trials of local modalities such as ice/heat and exercise. Therefore, the medical necessity of this request for Terocin patches, usage directions unknown, has not been clearly demonstrated.

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for Cyclobenzaprine, frequency and quantity unknown. The MTUS state Cyclobenzaprine (Flexeril) is "recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief." Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. Up-to-date for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for the use of Cyclobenzaprine for a chronic condition, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. There is no evidence that the claimant is involved in an ongoing home exercise program to help him maintain any benefits he receives from treatment measures. The claimant was also prescribed Tabradol (Cyclobenzaprine) and it is not why this duplication of medication was prescribed. As such, this request for Cyclobenzaprine is not medically necessary.

Tabradol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for Tabradol (Cyclobenzaprine), dosage and quantity unknown. The MTUS state Cyclobenzaprine (Flexeril) is "recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001).

Treatment should be brief." Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005) Up-to-date for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for the use of Cyclobenzaprine for a chronic condition, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. There is no evidence that the claimant is involved in an ongoing home exercise program to help him maintain any benefits he receives from treatment measures. In addition, Cyclobenzaprine has also been recommended and it is not clear why this duplication of medications has been prescribed. As such, this request for Tabradol is not medically necessary.

Synapryn: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=20039

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol Page(s): 145. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines (ODG), 2014. Treatment Index, 8th Edition (web), 2010, Chronic Pain-Medical food.

Decision rationale: The history and documentation do not objectively support the request for Synapryn (tramadol). The MTUS "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The expected benefit or indications for the use of this medication have not been stated. The medical necessity of the use of Synapryn (tramadol) has not been clearly demonstrated.

Fanatrex: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 83.

Decision rationale: The history and documentation do not objectively support the request for Fanatrex. The MTUS state "gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, neither of these conditions has been documented and there is no evidence of other types of neuropathic pain such as radiculopathy. The indication for the use of this medication and the claimant's recommended dosage has not been documented. There is no evidence that he has been involved in an ongoing exercise program to help maintain any benefit he receives from medication use. As a result, the medical necessity of Fanatrex, dosage unknown, has not been clearly demonstrated.

Dicopanol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference (PDR)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR, 2014. Dicopanol (diphenhydramine)

Decision rationale: The history and documentation do not objectively support the request for Dicopanol, dosage unknown. The MTUS do not address the use of this medication and the PDR state it may be recommended for upper respiratory symptoms and allergies. It is not clear what the indications are for its use in this case as they have not been identified. The medical necessity of the use of Dicopanol, dosage unknown, has not been clearly demonstrated.

Deprizine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine and www.drugs.com/pro/deprizine.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, 2014. Zantac (Ranitidine).

Decision rationale: The history and documentation do not objectively support the request for Deprizine (ranitidine). The MTUS and ODG do not address its use. The PDR states "ranitidine - Zantac) is a histamine H2-receptor antagonist that inhibits stomach acid production." There is no evidence in this case of gastrointestinal symptoms or conditions for which this medication appears to be indicated and the reason it was prescribed is not stated and none can be ascertained from the records. The medical necessity of this request has not been clearly demonstrated.

Urine Drug Screening (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for a urine drug screen. The MTUS state "drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." It is not clear why a urine drug screen is being recommended at this time. There is no evidence that the claimant has been prescribed medications that require close monitoring for compliance and no evidence of possible illegal drug or medication use. The specific indication for a urine drug screen has not been described and none can be ascertained from the records. The medical necessity of this request has not been clearly demonstrated.

Shockwave therapy to left shoulder 3 treatments, cervical - 6 treatments and lumbar spine, unknown number of treatments no listed.: 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, ESWT

Decision rationale: The history and documentation do not objectively support the request for extracorporeal shockwave therapy for the left shoulder or the neck and low back. The MTUS and ODG and the NGC do not provide guidance on the use of ESWT for chronic neck and low back complaints. The ODG state regarding shoulder complaints "ESWT is recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: 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 noninvasiveness. In treating calcifying tendonitis, both high-energy and low-energy ESWT provide a beneficial effect on shoulder function, as well as on self-rated pain and diminished size of calcifications, but high-energy ESWT appears to be superior to low-energy ESWT." In this case, calcifying tendonitis has not been diagnosed. It is not clear whether the claimant has been involved in an ongoing exercise program or has failed trials of local modalities such as ice/heat and first line medications. The medical necessity of this request for ESWT for the left shoulder, neck, and low back has not been clearly demonstrated.

Physical Therapy 3 x week for 6 weeks for the left shoulder, cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for 18 visits of PT for the left shoulder, cervical, and lumbar spines at this time. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The claimant has a chronic condition and there is no evidence that extensive PT is likely to provide him with significant or sustained benefit that he cannot achieve on his own. There is no evidence that the claimant is unable to complete his rehab with an independent HEP or that he requires 18 visits of PT to be instructed in HEP. The medical necessity of this therapy has not been clearly demonstrated.

Acupuncture 3 x week for 6 weeks for the cervical spine, left shoulder and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The history and documentation do not objectively support the request for acupuncture for 18 visits. The MTUS state ""Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation" is the use of electrical current (micro- amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. There is no evidence that the claimant has completed a successful short trial of acupuncture, along with an exercise program, with evidence of measurable objective and functional improvement from acupuncture to warrant continuing this treatment for an extended period of time. The medical necessity of this request for 18 visits of acupuncture has not been clearly demonstrated.