

Case Number:	CM14-0026024		
Date Assigned:	07/16/2014	Date of Injury:	02/20/2013
Decision Date:	09/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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, shoulder, and low back pain reportedly associated with an industrial injury of March 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; various oral suspensions/compounded medication; unspecified amounts of acupuncture; and unspecified amounts of physical therapy. In a Utilization Review Report dated February 13, 2014, the claims administrator denied a request for extracorporeal shockwave therapy and also denied a request for multiple compounded medications. On July 18, 2014, the applicant was, in fact, given prescriptions for several topical compounded medications. No clinical progress notes were attached to the same. On May 27, 2014, similarly, the applicant was again given prescriptions for numerous topical compounds without any narrative commentary or rationale. On May 30, 2014, the applicant presented with persistent complaints of neck, shoulder, and low back pain reportedly associated with cumulative trauma at work, scored at 5/10. The applicant was given diagnoses of shoulder strain, cervical strain, and lumbar strain with possible lumbar radiculopathy superimposed on issues with GERD, anxiety disorder, mood disorder, sleep disorder, and psychological stress. Various medications, including Deprizine, Dicoprofanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen were endorsed. Extracorporeal shockwave therapy of the cervical and lumbar spines was sought, along with 18 sessions of physical therapy and acupuncture apiece. Localized intense neurostimulation therapy and topical Terocin patches were also endorsed, while the applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Therapeutic Ultrasound topic Page(s): 123.

Decision rationale: The attending provider indicated that he intended the extracorporeal shockwave therapy to be performed on the applicant's shoulder, neck, and/or low back, the body parts implicated here. As noted in the MTUS-adopted Guidelines in Chapter 9, page 203, medium quality evidence supports usage of extracorporeal shockwave therapy for calcifying tendonitis of the shoulder. In this case, however, there is no radiographic evidence of calcifying tendonitis of the shoulder for which extracorporeal shockwave therapy would be indicated. It is further noted that the extracorporeal shockwave therapy represents a form of therapeutic ultrasound. As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, however, therapeutic ultrasound is "not recommended" in the treatment or management of chronic pain, including the chronic neck and low back pain reportedly present here. No applicant-specific rationale, narrative commentary, or medical evidence was offered so as to offset the unfavorable MTUS positions on extracorporeal shockwave therapy in the chronic nonspecific pain context present here. Therefore, the request is not medically necessary.

PHARMACY PURCHASE OF COMPOUND MEDICATIONS X 2: SYNAPRYN 10MG, TABRADOL 1MG, DEPRIZINE 15MG, DICOPANOL 5MG, AND FANATREX 25 MG.:
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 When to Continue Opioids topic Page(s): 80. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Synapryn Medication Guide.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider does not outline any clear, concrete, or tangible improvements in pain or function as a result of ongoing Synapryn usage. Since the Tramadol component of the compound is not recommended, the entire compound is considered not recommended. Therefore, the request is not medically necessary.

