MAXIMUS Federal Services

Case Number:	CM14-0216152		
Date Assigned:	01/06/2015	Date of Injury:	08/23/2012
Decision Date:	02/24/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old female who sustained a work related injury when a door slammed hitting her neck, left shoulder, right forearm and right wrist on August 23, 2012. The injured worker is diagnosed with cervical disc displacement, cervical degenerative disc disease, cervical radiculopathy/radiculitis, and left upper extremity and shoulder impingement syndrome according to the magnetic resonance imaging (MRI) report on August 20, 2014 of the cervical spine. A forearm magnetic resonance imaging (MRI) was reportedly negative. There was no surgical intervention documented. According to the primary treating physician's progress report on November 21, 2014 the injured worker continues to experience neck pain and muscle spasms associated with numbness and tingling of the bilateral upper extremities, greater on the left. Active range of motion of the cervical spine was decreased with tenderness to palpation at the suboccipital region, the left rotator cuff tendon attachment sites, AC joint and subacromial space. The right elbow was tender at the flexor and extensor muscle compartments and at the lateral epicondyle with mildly decreased active range of motion and decreased grip strength on the right. Neurovascular and sensory was symmetrical and intact in the bilateral upper extremities. Due to the chronic pain, the injured worker has sleep, mood and anxiety disorders according to this report. Current modalities and medication consisted of Synapryn (Tramadol), Tabradol, Deprizine, Fanatrex, Dicopanol for sleep, and right elbow brace. Medications were prescribed in oral suspension form. The injured worker was currently not working and was on temporary total disability (TTD). The physician has requested authorization for Terocin Patches Qty: 1, Chiropractic/Shockwave therapy to the right elbow, Qty: 3 and Chiropractic /Shockwave therapy

to the right wrist, Qty: 3.On December 4, 2014 the Utilization Review denied certification for Terocin Patches Qty: 1, Chiropractic/Shockwave therapy to the right elbow, Qty: 3 and Chiropractic /Shockwave therapy to the right wrist, Qty: 3.Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, Topical analgesics and Official Disability Guidelines (ODG)-Integrated Treatment/Disability Duration Guidelines; Elbow (Acute& Chronic) ESWT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches QTY: 1.00: 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): 111-113.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as Gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker there was some evidence of having tried Gabapentin (Fanatrex), however, there was insufficient reporting on its effects on the worker's symptoms independently in order to decide if it had failed enough to warrant adding on a lidocaine product. Also, the Terocin patch is a Lidocaine/Menthol combination product which is not recommended over Lidoderm patches if Lidocaine is being considering. Therefore, considering the above, the Terocin patch is not medically necessary.

Chiropractic/shockwave therapy to the right elbow QTY: 3.00: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow section, Extracorporeal shock wave therapy

Decision rationale: The MTUS Guidelines do not address extracorporeal shock wave therapy (ESWT) specifically as a treatment option for lateral elbow complaints. The Official Disability Guidelines, however, addresses it and states that low energy (but not high energy) ESWT may be recommended for lateral epicondylitis, and has been shown to be equivalent or better than surgery. The criteria for use of ESWT includes: 1. Six months or more of pain related to lateral epicondylitis, 2. At least three conservative treatments have been performed prior (rest, ice, NSAIDs, orthotics, physical therapy, injections), 3. Contraindicated in pregnant women, patients

younger than 18 years of age, patients with blood clotting disease, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; patients with cardiac pacemakers; patients who had physical or occupational therapy within the past four weeks; patients who received a local steroid injection within the past six weeks; patients with bilateral pain; and patients who had previous surgery for the condition, and 4. Maximum of three therapy sessions over three weeks. In the case of this worker, there was no evidence of having had a full and complete round of conservative treatments before considering this modality such as physical therapy to completion, which was not yet completed at the time of this request. Therefore, this request is not medically necessary.

Chiropractic/shockwave therapy to the right wrist QTY: 3.00: 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 Official Disability Guidelines, Elbow/Shoulder/Ankle and Foot sections, Extracorporeal shock wav.

Decision rationale: The MTUS does not address extracorporeal shock wave therapy in detail. However, the Official Disability Guidelines states that it may be considered (with some specific criteria) for shoulder calcified tendinosis, plantar fasciitis, and lateral epicondylitis, however, it is not recommended for wrist complaints. Therefore, the wrist shock wave therapy is not recommended and will be considered not medically necessary.