

<b>Case Number:</b>	CM15-0110629		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	01/21/2015
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 York  
 Certification(s)/Specialty: Internal Medicine

### 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 51 year old male, who sustained an industrial injury on 1/21/2015, sustaining hot tar burns to his bilateral upper extremities, back, and scalp. The injured worker was diagnosed as having second degree burns and lumbago. Treatment to date has included diagnostics, wound care, skin grafting (January 2015), chiropractic physiotherapy, and medications. On 4/06/2015, the injured worker complains of intermittent left shoulder pain, rated 6 out of 10, intermittent left hand-digit pain, rated 7 out of 10 and associated with numbness, tingling and weakness, and middle-low back pain, rated 6 out of 10 and associated with pain and tingling to the right lower extremity. Physical exam noted motor strength 4 out of 5 left grip and left shoulder. Deep tendon reflexes were normal and equal at 2 out of 2. Exam of the lumbar spine noted burn wounds on his back, decreased range of motion, and tenderness to palpation with spasm of the lumbar paravertebrals. Exam of the left shoulder noted burn wounds to the left upper extremity, decreased range of motion, tenderness to palpation of the anterior shoulder, spasm of the lateral shoulder, and positive Neer's and Hawkin's signs. Exam of the left wrist noted burn wounds, decreased range of motion, and tenderness to palpation of the volar wrist. Exam of the left hand noted burn wounds and tenderness to palpation of the palmar aspect of the left hand. He was currently taking unspecified medications for pain. The treatment plan included chiropractic physiotherapy, magnetic resonance imaging of the left shoulder and lumbar spine, prescribed topical compound creams for general joint and musculoskeletal pain, dispensed topical compound creams for neuropathic pain, a Functional Capacity Evaluation to ensure that he could safely meet the physical demands of his occupation, and range of motion and muscle

testing analysis to monitor progress. Oral medications dispensed included Naproxen, Cyclobenzaprine, Gabapentin, and Pantoprazole. His work status was total temporary disability. Magnetic resonance imaging of the left shoulder (4/11/2015) was submitted. Chiropractic physiotherapy noted (9/18/2015) complaints of pain in the lumbar spine, left shoulder, and left wrist-hand. Pain was constant and rated 4 out of 10. Associated symptoms included tingling and swelling. Strength was documented as strong. Also included, were requests for TPII (trigger point impedance imaging), LINT (localized intense neurostimulation therapy), and ESWT (extracorporeal shockwave therapy). Electrodiagnostic testing (5/22/2015) of the lower extremities was within normal limits.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 20 Percent/Baclofen 5 Percent/Dexamethasone Micro .2 Percent/Menthol 2 Percent/Camphor 2 Percent/Capsaicin .025 Percent/Hyaluronic Acid .2 Percent in Cream Base:** 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): s 111-113.

**Decision rationale:** According to the California MTUS Guidelines (2009), 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, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains Flurbiprofen, Baclofen and Capsaicin. The MTUS guidelines state that Flurbiprofen, and/or muscle relaxants are not recommended for topical applications. Baclofen is not FDA approved for use as a topical application. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical analgesic compounded medication, for muscular pain, has not been established. The requested topical compound is not medically necessary.

**FCE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation Page(s): 48.

**Decision rationale:** The CA MTUS states that a functional capacity evaluation (FCE) is recommended under certain specific circumstances. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include work functions and or activities of daily living, self-report of disability, objective measures of the patient's functional performance and physical impairments. The guidelines necessitate documentation indicating case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reports on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities and clarification of all additional/secondary conditions in order to recommend an FCE. In this case, there is no documentation that any of the above conditions that are required to complete an FCE, are present. There are no specific indications for an FCE. Medical necessity for the requested service is not established. The requested service is not medically necessary.

**Trigger Point Impedance Imaging:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014 Trigger Points.

**Decision rationale:** Trigger Point Impedance imaging involves the use of a device that is able to automatically measure skin impedance in a selected body area and, immediately afterwards, to stimulate multiple points that are targeted according to differentiation in their electrical properties (peripheral nerve ends myelinated A fibers) with high-intensity electrical stimulation. Specifically regarding trigger point injections, according to California MTUS Guidelines, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: 1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2) Symptoms have persisted for more than three months; 3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; 4) Radiculopathy is not present on exam; 5) Not more than 3-4 injections per session; 6) No repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; 7) Frequency should be at an interval less than 2 months; 8) Trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. There was no documentation provided indicating circumscribed trigger points with palpable twitch response and referred pain. Medical necessity for the requested items has not been established. The requested trigger point impedance imaging with subsequent injections is not medically necessary.

**Localized Intense Neurostimulation Therapy (LINT):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neurostimulation Therapy ( LINT).

**Decision rationale:** According to the ODG, Localized Intense Neurostimulation Therapy (LINT) or hyperstimulation analgesia is not recommended until there are higher quality studies. Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. One of the oldest methods of pain relief is generalized hyperstimulation analgesia produced by stimulating myofascial trigger points by dry needling, acupuncture, intense cold, intense heat, or chemical irritation of the skin. The moderate-to-intense sensory input of hyperstimulation analgesia is applied to sites over or sometimes distant from, the pain. Medical necessity for the requested treatment has not been established. The request for this treatment is not medically necessary.

**Extracorporeal Shockwave Therapy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Extracorporeal Shock Wave Therapy ( ESWT).

**Decision rationale:** Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment proposed to treat refractory tendonopathies such as, plantar fasciitis or calcifying tendinitis of the shoulder. It has also been introduced as an alternative to surgery for patients that have not responded to other conservative therapies. 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 wave treatments are generally given in one session and usually require some type of anesthesia. In this case, the patient did not have evidence of calcifying tendinitis affecting either shoulder or any other refractory tendinopathy. There is no support in evidence-based guidelines for the use of ESWT in the treatment of any the patient's conditions. Medical necessity of the requested ESWT has not been established. The requested ESWT therapy is not medically necessary.

**Gabapentin 10 Percent/Amitriptyline HCL 10 Percent/Bupivacaine HCL 5 Percent/Hyaluronic Acid .2 Percent 240 Gram: 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): s 111-113.

**Decision rationale:** According to the California MTUS Guidelines (2009), 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, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains Gabapentin, Amitriptyline, Bupivacaine, and Hyaluronic acid. The MTUS guidelines state that Gabapentin and Amitriptyline are not recommended for topical application. Medical necessity for the requested topical analgesic compounded medication, for muscular pain, has not been established. The requested topical compound is not medically necessary.