

<b>Case Number:</b>	CM15-0120596		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	04/05/2007
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old male sustained an industrial injury to the right shoulder and left leg on 4/5/07. Recent treatment consisted of medication management. Documentation did not disclose recent magnetic resonance imaging results. In a PR-2 dated 5/27/15, the injured worker complained of pain to the right shoulder. Physical exam was remarkable for tenderness to palpation of the right acromioclavicular joint, anterior, posterior and lateral shoulder with muscle spasms, decreased range of motion and positive Hawkin's test. Current diagnoses included right shoulder bursitis and status post right shoulder surgery. The treatment plan included topical compound cream: HMPHCC2-Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% in cream base 240 gm and starting home exercise for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HMPHCC2-Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethason Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% in cream base 240 gm: 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.

**Decision rationale:** The patient complains of constant and moderate right shoulder pain, as per progress report dated 05/27/15. The request is for Hmpfcc2-Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% In Cream Base 240gm. The RFA for this case is dated 05/27/15, and the patient's date of injury is 04/05/07. The patient is status post right shoulder surgery and has been diagnosed with right shoulder bursitis. The patient relies on topical compounded cream for pain relief along with Norco, and is off work, as per progress report dated 06/23/15 (after the UR denial date). Regarding topical analgesics, MTUS guidelines on page 111, state that there is no evidence for use of any muscle relaxants such as Baclofen as a topical product. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the use of this topical compound is documented in progress report dated 05/27/15. The treater states that "topical medications were prescribed in order to minimize possible neurovascular complications; and to avoid complications associated with use of narcotic medications as well as upper GI bleeding from the use of NSAIDs medications." In progress report dated 06/23/15 (after the UR denial letter), the treater states "the medications in a cream form are medically necessary to reduce dependency" on oral medications and that the goal is to alleviate pain and improve function. Nonetheless, there is no indication of peripheral joint arthritis for which topical Flurbiprofen is recommended. MTUS does not support the use of topical muscle relaxants such as Baclofen. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is not medically necessary.

**Unknown sessions of extracorporeal shockwave therapy:** 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 (Acute & Chronic), Extracorporeal shockwave therapy (ESWT).

**Decision rationale:** The patient complains of constant and moderate right shoulder pain, as per progress report dated 05/27/15. The request is for unknown sessions of extracorporeal shockwave therapy. There is no RFA for this request, and the patient's date of injury is 04/05/07. The patient is status post right shoulder surgery and has been diagnosed with right shoulder bursitis. The patient relies on topical compounded cream for pain relief along with Norco, and is off work, as per progress report dated 06/23/15 (after the UR denial date). ODG Guidelines, Shoulder (Acute & Chronic), Extracorporeal shockwave therapy (ESWT) states:

"ESWT for shoulder problems: Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, 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 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks." In this case, none of the progress reports discusses this request. The treater does not explain how the patient will benefit from this treatment. There is no documentation of calcific tendinitis, and the treater does not discuss the patient's response to conservative treatments such as medications and physical therapy. Additionally, the request does not include the number of sessions. The request is not in accordance with guideline criteria. Therefore, it is not medically necessary.

**One (1) trigger points impedance imaging:** 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) Low Back Chapter, under Trigger Point Impedance Imaging.

**Decision rationale:** The patient complains of constant and moderate right shoulder pain, as per progress report dated 05/27/15. The request is for one (1) trigger points impedance imaging. There is no RFA for this request, and the patient's date of injury is 04/05/07. The patient is status post right shoulder surgery and has been diagnosed with right shoulder bursitis. The patient relies on topical compounded cream for pain relief along with Norco, and is off work, as per progress report dated 06/23/15 (after the UR denial date). ODG Low Back Chapter, under Trigger Point Impedance Imaging has the following: "Not recommended. See Hyperstimulation analgesia. The Nervomatrix device combines trigger point impedance imaging with hyperstimulation analgesia... Hyperstimulation Analgesia: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (Nervomatrix Ltd., Netanya, Israel). 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. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization." In this case, none of the reports discusses the request. The target location of the imaging study is not mentioned. Additionally, the requested imaging technique is not yet supported by guidelines. ODG indicates that there are currently only two low quality, manufacturer sponsored studies addressing the

effectiveness of such imaging techniques. It is not clear why traditional imaging methods are not adequate to identify any underlying pathology in this patient. Given the lack of firm guideline support for the use of such imaging to improve the course of care, the request as written cannot be substantiated. The request is not medically necessary.

**Unknown sessions of localized intense neurostimulation therapy:** 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) 'Lower Back & Thoracic & Lumbar (acute & chronic)' and topic 'Hyperstimulation analgesia'.

**Decision rationale:** The patient complains of constant and moderate right shoulder pain, as per progress report dated 05/27/15. The request is for unknown sessions of localized intense neurostimulation therapy. There is no RFA for this request, and the patient's date of injury is 04/05/07. The patient is status post right shoulder surgery and has been diagnosed with right shoulder bursitis. The patient relies on topical compounded cream for pain relief along with Norco, and is off work, as per progress report dated 06/23/15 (after the UR denial date). ODG guidelines, chapter 'Lower Back & Thoracic & Lumbar (acute & chronic)' and topic 'Hyper stimulation analgesia', states the following: Not recommended until there are higher quality studies. In this case, none of the progress reports discusses the request. The treater does not explain how this treatment will benefit the patient, and the request does not document the number of sessions as well. Additionally, ODG guidelines do not support neurostimulation due to lack of high quality studies. Hence, the request is not medically necessary.