

<b>Case Number:</b>	CM15-0121539		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	08/28/2007
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Emergency 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 61 year old female, who sustained an industrial injury on 8/28/2007. The current diagnoses are status post left shoulder arthroscopy and subacromial decompression (6/2/2014), status post trauma with contusion to the left shoulder, and adhesive capsulitis. According to the progress report dated 5/29/2015, the injured worker complains of left shoulder pain. The level of pain is not rated. The physical examination of the left shoulder reveals diffuse pain with palpation and movement, limited range of motion, and decreased strength. The current medications are Tramadol and Mobic. Per notes, due to the denial of reversal total left shoulder arthroplasty, she has to increase the use of pain medication. Treatment to date has included medication management, x-rays, physical therapy, MRI studies, sling, and surgical intervention. MRI from 2/13/2015 demonstrates low grade partial thickness articular surface tear of the supraspinatus tendon anteriorly at the footprint, diffuse degenerative blunting of the labrum, and small amount of fluid in the subacromial/subdeltoid bursa. She is retired and considered QIW. A request for Terocin patches, Exoten C-lotion, and H-wave has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, the submitted medical records failed to provide documentation that the injured worker failed initially recommended conservative care, including physical therapy, medications, and TENS. There is no documentation that the patient has failed a TENS unit trial, which is necessary to meet the CA MTUS recommended guidelines. Therefore, based on MTUS guidelines and submitted medical records, the request for H-wave is not medically necessary.

**Terocin patches, lidocaine 4%, Menthol 4% #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not addressed within the MTUS. In addition, the CA MTUS states that the only form of topical Lidocaine that is recommended is Lidoderm patch. Therefore, any topical agent with lidocaine is not recommended if it is not in the form of Lidoderm patch. In this case, any topical agent with Lidocaine is not recommended if it is not in the form of Lidoderm patch. Additionally, there is no documentation that the injured worker has failed a trial of oral antiepileptic and antidepressant medications to support the use of topical analgesics as required by the CA MTUS. The request did not include dosing, frequency or location of application. Therefore, based on MTUS guidelines and submitted medical records, the request for topical compound application is not medically necessary.

**Exoten-C lotion, Methyl salicylate 20%, Menthol 10%, Capsaicin 0.002% with 2 refills:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not addressed within the MTUS. Capsaicin is only recommended when other, conventional treatments have failed. In this case, there is no documentation that the injured worker has failed a trial of oral antiepileptic and antidepressant medications to support the use of topical analgesics as required by the CA MTUS. The request did not include dosing, frequency or location of application. Therefore, based on MTUS guidelines and submitted medical records, the request for topical compound application is not medically necessary.