

<b>Case Number:</b>	CM15-0129617		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Pediatrics, 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 55 year old male who sustained an industrial injury on 7/24/13. The injured worker was diagnosed as having musculoligamentous sprain/strain, left hand sprain/strain and left ulnar neuropathy at the elbow. Currently, the injured worker was with complaints of headaches, neck pain, left shoulder pain and left wrist/hand pain. Previous treatments included status post left shoulder surgery, medication management, and physical therapy. Previous diagnostic studies included a computed tomography, magnetic resonance imaging, electromyography, nerve conduction velocity study, and a magnetic resonance imaging. The injured work status was noted as modified work with restrictions. Physical examination was notable for cervical spine tenderness to palpation and spasms to bilateral paraspinal muscles, decreased range of motion, left shoulder tenderness to palpation, decreased range of motion, right wrist tenderness to palpation, left hand tenderness to palpation, decreased motor strength right upper extremity at 4/5 and decreased sensation right upper extremity median nerve distribution. The plan of care was for Acupuncture evaluation and treatment 2 x 6 for the cervical spine, left shoulder, left wrist, Extracorporeal Shockwave Therapy x 4 for the left wrist and left shoulder, X-ray of the cervical spine, X-ray of the left shoulder, urine toxicology, physical performance functional capacity evaluation, Trepadone quantity of 120, 1 bottle and compound HMPHC2; Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base, 210 grams.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture evaluation and treatment 2 x 6 for the cervical spine, left shoulder, left wrist:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS section 9792.24.1 Acupuncture Medical treatment Guidelines Page(s): 8-9.

**Decision rationale:** The request is for Acupuncture evaluation and treatment 2 x 6 for the cervical spine, left shoulder, left wrist that the UR modified to Acupuncture evaluation and treatment cervical spine, left shoulder, left wrist x 6. The injured worker was with complaints of headaches, neck pain, left shoulder pain and left wrist/hand pain. CA MTUS section 9792.24.1 Acupuncture Medical treatment Guidelines, Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Provider documentation does not note prior acupuncture treatments. As such, the request for Acupuncture evaluation and treatment 2 x 6 for the cervical spine, left shoulder, left wrist is medically unnecessary.

**ECSWT x 4 for the left wrist and left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow & Shoulder Chapters - Extracorporeal shockwave therapy (ESWT).

**Decision rationale:** The request is for Extracorporeal Shockwave Therapy x 4 for the left wrist and left shoulder. The injured worker was with complaints of headaches, neck pain, left shoulder pain and left wrist/hand pain. ODG guidelines recommend ESWT for calcifying tendinitis but not for other shoulder disorders. With regards to the elbow, high energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Additionally, the requesting physician's rationale for the request was unclear. As such, the request for Extracorporeal Shockwave Therapy x 4 for the left wrist and left shoulder is medically unnecessary.

**X-ray of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The request is for X-ray of the cervical spine. The injured worker was with complaints of headaches, neck pain, left shoulder pain and left wrist/hand pain. CA ACOEM guidelines state radiography of the c-spine is not recommended except for indications including, "emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure." This injured worker does not present with any red flags or physiologic evidence of neurologic dysfunction. As such, the request for X-ray of the cervical spine is medically unnecessary.

**X-ray of the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**Decision rationale:** The request is for X-ray of the left shoulder. The injured worker was with complaints of headaches, neck pain, left shoulder pain and left wrist/hand pain. American College of Occupation and Environmental Medicine do not recommend the routine use of x-rays for the shoulders unless there is suspicion of a fracture or red flag condition. The clinical documentation submitted for review does not provide any physical evidence of a fracture. Additionally, there is no documentation to support a red flag condition. As such, the request for X-ray of the left shoulder is medically unnecessary.

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine analysis, Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**Decision rationale:** The request is for urine toxicology. The injured worker was with complaints of headaches, neck pain, left shoulder pain and left wrist/hand pain. CA MTUS recommends "frequent random urine toxicology screens" as a step to detect misuse/addiction of opioids. Provider documentation does not note a prior prescription of and opioid other than the Tramadol (ultram) prescribed 6/17/15. A RFA for future urine toxicology would be appropriate to detect aberrant behavior. As such, the request for urine toxicology is medically unnecessary.

**Physical performance FCE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** The request is for physical performance functional capacity evaluation. The injured worker was with complaints of headaches, neck pain, left shoulder pain and left wrist/hand pain. The CA MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity examination when reassessing function and functional recovery. The Official Disability Guide do not recommend proceeding with a functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. Provider documentation states the injured worker continues to work with modified work restrictions. As such, the request for physical performance functional capacity evaluation is medically unnecessary.

**Trepadone #120 1 bottle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Foods.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trepadone (Chronic Pain Chapter).

**Decision rationale:** The request is for Trepadone quantity of 120, 1 bottle. The injured worker was with complaints of headaches, neck pain, left shoulder pain and left wrist/hand pain. CA MTUS was silent on the requested treatment, therefore ODG was referenced. Official Disability Guide states Trepadone is "Not recommended. Trepadone is a medical food that is suggested for use in the management of joint disorders associated with pain and inflammation." The Official Disability Guide states "Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. As such, the request for Trepadone quantity of 120, 1 bottle is medically unnecessary.

**Compound HMPHC2; Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base, 210gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The request is for compound HMPHC2; Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base, 210 grams. The injured worker was with complaints of headaches, neck pain, left shoulder pain and left wrist/hand pain. CA MTUS Guidelines indicate that topical NSAIDS are indicated for osteoarthritis of the knees, elbow or other joints that are amenable to topical treatments. The guidelines specifically indicate, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." CA MTUS recommendations state that topical analgesics are largely experimental and primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. CA MTUS further states "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." Baclofen is not recommended per CA MTUS standards, as

there is no peer-review literature to support use. Dexamethasone and flurbiprofen is not FDA approved for topical use. As such, the request for compound HMPHC2; Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base, 210 grams is medically unnecessary.