

<b>Case Number:</b>	CM15-0144456		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	05/19/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female who sustained an injury on 5-19-11. Diagnoses are status post cervical fusion and chronic cervical pain with upper extremity symptoms. Medical records indicate treatment included physical therapy (10) for her cervical spine since at least January 2015 and she continued to have cervical tenderness with range of motion limited. Medication included Tramadol ER at 300 mg per day which improved range of motion and improved tolerance to exercise depending on the level of activity. The PR2 from 6-13-15 indicates her cervical pain left upper extremity is rated 6 out of 10. She complains of multiple trigger points cervical paraspinal musculature, cervical trapezius. Her medication was noted to facilitate maintenance of activities of daily that included light household duties; shopping for groceries; grooming and cooking. Without the medication she reveals frequent inability to adhere to exercise regime due to the pain. Tramadol ER 150 mg two every day improved her range of motion and greater tolerance to exercise and a variety of activity. NSAID also improved her range of motion and decreased achy pain. Objective findings were tenderness of the cervical spine; no acute distress and cervical range of motion was limited. She had painful trigger points cervico paraspinal musculature associated with myofascial pain syndrome and significantly limits her function and work ability. A request for additional physical therapy cervical spine 3 times per week for 4 weeks incorporated with extracorporeal shock wave therapy to treat her trigger points. Current requested treatments 5 extracorporeal shock wave therapy; 1 prescription for topical anti-epileptic drug 300 g apply 3 times a day. Utilization review 7-2-15 requested treatments were non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **5 Extracorporeal shock wave therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back (Acute & Chronic) Extracorporeal shock wave therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, under Extracorporeal Shock Wave Therapy.

**Decision rationale:** This claimant was injured in 2011. Diagnoses are status post cervical fusion and chronic cervical pain with upper extremity symptoms. The PR2 from 6-13-15 indicates her cervical pain left upper extremity is rated 6 out of 10. She complains of multiple trigger points cervical paraspinal musculature, cervical trapezius. The request is for extracorporeal shock wave therapy to treat her trigger points. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG does not support this for any region of the spine, noting in the neck section: The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In one study ESWT in patients with myofascial pain syndrome in trapezius muscle were as effective as trigger point injections (TPI) and TENS for pain relief and improving cervical range of motion, but neither TENS nor TPI are recommended treatments. Therefore, the shock wave therapy for the neck is not medically necessary.

### **1 Prescription for topical anti-epileptic drug 300g: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Topical Analgesics.

**Decision rationale:** As shared previously, this claimant was injured in 2011. Diagnoses are status post cervical fusion and chronic cervical pain with upper extremity symptoms. The PR2 from 6-13-15 indicates her cervical pain left upper extremity is rated 6 out of 10. She complains of multiple trigger points cervical paraspinal musculature, cervical trapezius. Per the Chronic Pain Medical Treatment Guidelines, topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded

agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.