

Case Number:	CM15-0068834		
Date Assigned:	04/24/2015	Date of Injury:	09/05/2012
Decision Date:	06/08/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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: Pennsylvania

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:

This 73 year old woman sustained an industrial injury on 9/5/2012 due to a fall. Diagnoses include cervical spine degenerative disc disease with sprain/strain, thoracic spine degenerative disc disease, lumbar spine degenerative disc disease, bilateral shoulder tendinopathy, bilateral wrist/hand rule out carpal tunnel syndrome, and bilateral knee patellofemoral joint chondromalacia/degenerative joint disease. Evaluations include x-rays of the neck, back, bilateral knees and shoulders, MRI of the neck, shoulders, and low back, and electromyogram/nerve conduction studies of the bilateral upper and lower extremities. MRI of the right shoulder on 7/26/13 was reported to show supraspinatus and infraspinatus tendinitis, acromioclavicular osteoarthritis, and no evidence of rotator cuff tear; MRI of the left shoulder on the same date showed acromioclavicular joint osteoarthritis, supraspinatus and infraspinatus tendinitis, and small rotator cuff tear. Treatment has included oral and topical medications, cortisone injection to the right shoulder, and physical therapy. A functional capacity evaluation was performed on 9/23/14. Medications in August 2014 included omeprazole, naproxen, tramadol, and topical medication. Urine drug screens on 8/1/14 and 11/5/14 were negative for tramadol. Physician notes dated 11/5/2014 show complaints of pain to the cervical, thoracic, and lumbar spine, bilateral shoulders, bilateral wrists, bilateral hands, bilateral knees, and left hip rated 7/10. Recommendations include pain management consultation, continue current medications regimen, physical therapy, acupuncture, orthopedic consultation, urine drug screen, medications, extracorporeal shockwave therapy, and follow up in four weeks. Work status was noted as

modified work with restrictions. At a visit on 3/4/15, it was noted that the injured worker remains off work and that her symptoms have not improved. She was noted to have also developed symptoms of depression, anxiety, sleeping problems, and stomach pain. Examination showed tenderness to palpation and spasm in the thoracic and lumbar region, positive straight leg raise on the right, right shoulder tenderness with decreased range of motion and positive provocative tests, bilateral elbow, wrist and knee tenderness, positive McMurray's and Lachman's tests bilaterally, decreased motor strength in bilateral lower extremities and decreased sensation in the right leg. Elavil, motrin, Prilosec, and topical creams were prescribed. A functional capacity evaluation was requested to determine if the injured worker could safely meet the physical demands of her occupation. Work status was noted as temporarily totally disabled. On 3/17/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the lumbosacral spine and right shoulder: 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), Shoulder Chapter, Extracorporeal shockwave therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 224. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter: ESWT low back chapter: shock wave therapy.

Decision rationale: The ACOEM shoulder chapter includes a reference regarding use of shock wave therapy for chronic calcifying tendinitis of the shoulder, but does not make specific recommendation regarding this modality. The ODG states that criteria for use of ESWT for the shoulder include pain from calcifying tendinitis of the shoulder that has remained despite six months of standard treatment, at least three conservative treatments have been performed prior to the use of ESWT, and lack of certain specific contraindications. Per the ODG, low back chapter, shock wave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In this case, although the MRI studies were reported to show infraspinatus and supraspinatus tendinitis of the shoulders, there was no documentation of calcifying tendinitis. Due to lack of specific diagnosis of calcific tendinitis of the shoulder, and guideline recommendation against shockwave therapy to the low back, the request for extracorporeal shockwave therapy for the lumbosacral spine and right shoulder is not medically necessary.

Urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: This injured worker has been prescribed tramadol, an opioid medication. Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. In this case, the injured worker has been prescribed tramadol since August 2014. Urine drug screens in August and November 2015 were negative for tramadol; these results were not addressed. The urine drug screens were performed on the dates of office visits. The MTUS recommends random drug testing, not at office visits as has occurred in this case. There was no documentation of risk stratification for aberrant behavior, which would be necessary to determine the frequency of urine drug testing. Due to lack of risk stratification for aberrant behavior, and lack of physician response to the prior urine drug tests, the request for urine toxicology is not medically necessary.

Functional capacity evaluation: 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), Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, Chronic Pain Treatment Guidelines work conditioning, work hardening Page(s): 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) fitness for duty chapter: functional capacity evaluation.

Decision rationale: The MTUS for Chronic Pain and the Official Disability Guidelines recommend a functional capacity evaluation for Work Hardening programs, which is not the context in this case. Per the ODG, functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. FCE is not recommend for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The documentation indicates that the FCE was requested to determine if the

injured worker could safely meet the physical demands of her occupation. The documentation did not indicate that admission to a work hardening program was anticipated. This injured worker has already undergone a functional capacity evaluation in September of 2014, which was not discussed by the treating provider, and there was no documentation of reinjury or significant change in clinical status since that evaluation. Due to lack of documentation of plan for admission to a work hardening program, and lack of discussion of the recent prior FCE, the request for functional capacity evaluation is not medically necessary.

Patient education web classes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines education Page(s): 44.

Decision rationale: The MTUS recommends education of patients with chronic pain. Web-based classes are not necessarily inconsistent with this recommendation. However, the treating physician provided no details about this education, such as subject matter, duration, frequency, and necessity for these classes rather than the usual education provided by the physician during office visits. A generic request for unspecified education is too general, could mean almost anything, and is not specific to any medical condition or treatment. As it was requested, the patient education web classes are not medically necessary.

Elavil (Amitriptiline) 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16.

Decision rationale: The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Effectiveness is limited for non-neuropathic pain, which is generally treated with anti-inflammatories and analgesics. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity. In this case, the documentation indicates that the injured worker has chronic multifocal pain. There was no documentation of neuropathic pain. There was no documentation of a prior trial of antidepressants, and the request is consistent with an initial request for treatment with this medication. The MTUS notes that tricyclics are contraindicated in patients with cardiac conduction disturbances, and that for patients greater than 40 years of age, a screening electrocardiogram is recommended prior to initiation of therapy. In this case, there was no documentation of performance of a screening electrocardiogram. Due to lack of documentation of neuropathic pain, and lack of documentation of performance of a screening electrocardiogram prior to initiation of treatment as would be warranted due to this injured worker's age, the request for elavil is not medically necessary.

Prilosec (Omeprazole) 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed motrin and topical furbiprofen, which are nonsteroidal anti-inflammatory medications (NSAIDs), and prilosec, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). This injured worker is greater than age 65 and has been prescribed multiple NSAIDS. She was also noted to have GI symptoms of stomach pain. These factors were not discussed in the UR determination. Due to presence of multiple risk factors as well as GI symptoms, the request for prilosec is medically necessary.

Flurbi (NAP) Cream-LA 180gm (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain topical analgesics Page(s): 60, 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The documentation submitted did not indicate that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. There was also no documentation of neuropathic pain. Flurbiprofen is a nonsteroidal anti-inflammatory drug (NSAID). Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. This injured worker has been prescribed oral and topical amitriptyline, which is duplicative and potentially toxic. As multiple agents in this compounded topical product are not recommended, the compound is not recommended. The quantity and directions for use were not specified. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be

excessive and in use for longer than recommended. As such, the request for Flurbi (NAP) Cream-LA 180gm (Flurbiprofen 20%-Lidocaine 5%-Amitriptiline 5%) is not medically necessary.

Gabacyclotram 180 gm (Gabapentin 10%-Cyclebenzaprine 5%-Tramadol 10%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain topical analgesics Page(s): 60, 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The documentation submitted did not indicate that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. There was also no documentation of neuropathic pain. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. Tramadol is a centrally acting synthetic opioid analgesic. The MTUS and ODG do not address tramadol in topical form. As multiple agents in this compounded topical product are not recommended, the compound is not recommended. The quantity and directions for use were not specified. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. As such, the request for Gabacyclotram 180 gm (Gabapentin 10%-Cyclebenzaprine 5%-Tramadol 10%) is not medically necessary.