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| Case Number: | CM15-0092307 | | |
| Date Assigned: | 05/18/2015 | Date of Injury: | 11/28/2011 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 05/13/2015 |

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: Indiana

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 70-year-old male injured worker suffered an industrial injury on 11/28/2011. The diagnoses included left shoulder bursitis, right knee meniscal tear and left knee degenerative joint disease. The injured worker had been treated with medications. On 4/16/2015, the treating provider reported left shoulder pain and right knee pain. On exam, there was reduced range of motion to the left shoulder. There was tenderness to the right knee. The treatment plan included 2 compounded creams, extracorporeal shockwave therapy, localized intense neurostimulation therapy (LINT), and trigger point impedance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Flurbiprofen 20%, Baclofen 5%, Dexamethasone 0.2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%, Hyaluronic Acid 0.2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS 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." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances because serious burns, a new alert from the FDA warns." There is no evidence of failure of first line therapies. Therefore, the request is not medically necessary.

Topical compound Amitriptyline HCl 10%, gabapentin 10%, Bupivacaine HCl 5%, Hyaluronic acid 0.2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS 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." MTUS states that topical Gabapentin is "Not recommended." Further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." Therefore, the request is not medically necessary.

1 Extracorporeal shockwave therapy: 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) Shoulder and Knee, ESWT Other Medical Treatment Guideline or Medical Evidence: pub med search ESWT and wrist.

Decision rationale: MTUS does not specifically refer to Shockwave therapy. The ODG guidelines were consulted for ESWT treatment of the shoulder and only recommended Shoulder ESWT when: 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). Medical records does not detail what conservative therapy was tried and does not provide any detail regarding the physical therapy of the shoulder. ODG does not specify shock wave therapy for wrist and cervical neck, but does detail therapy of lumbar spine, "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged." Medical documents do not provide sufficient details of failed conservative therapy for the shoulder and guidelines do not recommend shock wave therapy for lumbar spine. As such, the request for ECSWT (Extracorporeal Shock Wave Therapy) is not medically necessary.

1 localized intense neurostimulation therapy LINT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic), Hyperstimulation analgesia (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PENS Page(s): 97. Decision based on Non-MTUS Citation A Novel Image-Guided, Automatic, High-Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain, from Pain Research and Treatment, Volume 2011.

Decision rationale: As noted on page 97 of the MTUS Chronic Pain Medical Treatment Guidelines, a trial of percutaneous electrical neurostimulation may be considered as an adjunct to a program of functional restoration after non-surgical treatments such as therapeutic exercises and when conventional TENS unit have been tried and/or failed. A review of the records indicates, in this case, there is no evidence that a conventional TENS unit has been tried and/or failed. There is no evidence that the employee intends to use the PENS device in conjunction with a program of functional restoration. Rather, the fact that the employee remains off of work and apparently has no intention of returning to the workforce or the workplace implies that there is no intent on functional restoration. Therefore, the original Utilization Review decision is upheld. The request for unknown localized intense neurostimulation therapy (LINT) is not medically necessary and appropriate.

1 trigger point impedance imaging: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic), Trigger point impedance imaging (2005).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back; hyperstimulation analgesica.

Decision rationale: According to the available records, the rationale for the trigger point imaging was to follow with LINT therapy. MTUS does not require trigger point impedance imaging to locate a trigger point. MTUS criteria require palpation with twitch response. The trigger point imaging is not necessary for LINT for the lower back, because ODG guidelines, specifically states this therapy is not recommended for the lumbar spine. Additionally, the request for LINT is not medically necessary. The request is not in accordance with MTUS guidelines to locate trigger points.