

<b>Case Number:</b>	CM15-0093872		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 (IW) is a 33-year-old female who sustained an industrial injury on 07/23/2013 due to continual trauma. Diagnoses include left cervical spine compensatory pain; right shoulder compensatory pain; left shoulder rotator cuff tear, tendinosis; status post left shoulder arthroscopy (8/18/14) with residual weakness; left elbow lateral epicondylitis, tendinosis, and rule out bilateral wrist carpal tunnel syndrome. Treatment to date has included medications, extracorporeal shockwave therapy (L elbow and left shoulder), left shoulder surgery, physical therapy, TENS and acupuncture. MRI of the cervical spine on 7/22/14 showed 1-2 mm posterior disc bulges at C4-5 and C5-6 without evidence of canal stenosis or neural foraminal narrowing. Electrodiagnostic testing of the bilateral upper extremities on 8/7/14 were normal. On 3/12/2015, the pain scores were noted to have decreased from 5/10 to 3-4 /10. According to the progress notes dated 4/16/15, the IW reported pain in the bilateral shoulders and left elbow as well as numbness in the bilateral wrists. She rated right shoulder pain 4/10 and left shoulder, left elbow and bilateral wrist pain 3/10. Objective findings were as follows: Grade 3 tenderness to palpation of the bilateral shoulders (last exam was grade 2) with positive impingement sign on the left; grade 3 tenderness to the left elbow (grade 2 last visit) with positive Cozen's test; and grade 3 tenderness of the bilateral wrists (grade 2 last visit). A request was made for physical therapy evaluation and treatment x 12 sessions (twice weekly for six weeks) for the left shoulder, elbow and wrist; NPC1- Amitriptyline 10%, gabapentin 10%, bupivacaine 5% in cream base, 180gms for morning application; NPHcC1-flurbiprofen 20%, baclofen 5%, camphor 2%, dexamethasone 2%, menthol 2%, capsaicin 0.0.25% 180gms for

evening application; extracorporeal shockwave therapy for the left elbow once a week for four weeks; a urine toxicology screen for medication monitoring and patient education web classes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy evaluation and treatment for the left shoulder (12-sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulders.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain when standard medications, exercise and behavioral modification is not effective. The use of PT can result in pain relief, reduction in medication utilization and functional restoration. The guidelines recommend that patient proceed to a home exercise program after completion of supervised PT. The records indicate that the patient had previously completed supervised PT treatments. The documentation of persistent low pain scores and efficacy of current management is not indicative of exacerbation of musculoskeletal pain. The criteria for the use of physical therapy evaluation and treatment for the left shoulder was not met. Therefore, the request is not medically necessary.

#### **Physical therapy evaluation and treatment for left elbow (12-sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Upper Extremities.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain when standard medications, exercise and behavioral modification is not effective. The use of PT can result in pain relief, reduction in medication utilization and functional restoration. The guidelines recommend that patient proceed to a home exercise program after completion of supervised PT. The records indicate that the patient had previously completed supervised PT treatments. The documentation of persistent low pain scores and efficacy of current management is not indicative of exacerbation of musculoskeletal pain. The criteria for the use of physical therapy evaluation and treatment for the left elbow was not met. Therefore, the request is not medically necessary.

**Physical therapy evaluation and treatment for left wrist (12-sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Upper Extremities.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain when standard medications, exercise and behavioral modification is not effective. The use of PT can result in pain relief, reduction in medication utilization and functional restoration. The guidelines recommend that patient proceed to a home exercise program after completion of supervised PT. The records indicate that the patient had previously completed supervised PT treatments. The documentation of persistent low pain scores and efficacy of current management is not indicative of exacerbation of musculoskeletal pain. The criteria for the use of physical therapy evaluation and treatment for the left wrist was not met. Therefore, the request is not medically necessary.

**NPC1 - Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base 180gm: Upheld**

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

**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 Chapter, Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line orally administered anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. There is lack of guidelines support for the utilization of topical formulations of amitriptyline, bupivacaine or gabapentin for the treatment of chronic musculoskeletal pain. The criteria for the use of NPC1 - Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base 180gm were not met. Therefore, the request is not medically necessary.

**MPHcC1 - Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% 180gm: Upheld**

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

**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 Chapter, Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line orally administered anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. There is lack of guidelines support for the utilization of topical formulations of baclofen, camphor, dexamethasone or menthol for the treatment of chronic musculoskeletal pain. The criteria for the use of MPHcC1 Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% in cream base 180gm were not met. Therefore, the request is not medically necessary.

**Extracorporeal shockwave therapy for left elbow (4-sessions, once a week for 4 weeks):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Extracorporeal Shock Wave Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Extracorporeal Shockwave Therapy (ESWT) can be utilized for the treatment of exacerbation of musculoskeletal pain syndromes such as lateral epicondylitis when standard medications, exercise and behavioral modification is not effective. The use of ESWT can result in pain relief, reduction in medications utilization and functional restoration. The records indicate that the patient had previously completed ESWT to the left elbow. The documentation of persistent low pain scores and efficacy of current management is not indicative of exacerbation of musculoskeletal pain. The criteria for the use of extracorporeal shockwave therapy for left elbow not met. Therefore, the request is not medically necessary.

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG recommend that Urine Drug Screen (UDS) can be utilized for the monitoring of compliance during chronic treatments with opioids and sedative medications. The records did not show indicators of non-compliance or aberrant drug behaviors. There is no documentation of CURES data reports. The records did not specify the indications of the UDS tests. The criteria for the Urine Drug Screen were not met. Therefore, the request is not medically necessary.

**Patient education web classes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines not address be utilized of web based education classes for the management of chronic musculoskeletal pain. It is recommended that that patient education and counseling be routinely incorporated during regular evaluation and treatment at the Clinic. The presence of persistent low pain scores is indicative that the patient is responding to current treatment regimen. The criteria for the use of patient education web classes was not met. Therefore, the request is not medically necessary.