

Case Number:	CM15-0097892		
Date Assigned:	05/29/2015	Date of Injury:	03/04/2014
Decision Date:	09/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/20/2015

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, New York, 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 applicant is a represented 60-year-old who has filed a claim for chronic neck, low back, shoulder, and knee pain reportedly associated with an industrial injury of March 4, 2014. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve requests for several topical compounded agents, and extracorporeal shock wave therapy for multiple body parts. The claims administrator referenced an RFA form received on April 28, 2015 in its determination, along with a progress note dated January 26, 2015. The applicant's attorney subsequently appealed. On December 29, 2014, the applicant reported multifocal complaints of neck, knee, low back, and shoulder pain, 6-8/10, aggravated by standing, walking, weight bearing, gripping, grasping, and/or lifting. Extracorporeal shock wave therapy was endorsed, along with several dietary supplements and topical compounds, including the drugs at issue, while the applicant was placed off of work, on total temporary disability. The request for extracorporeal shock wave therapy was framed as a renewal or extension request for the same. The attending provider suggested that the applicant was already receiving extracorporeal shock wave therapy as of this date. On January 26, 2015, the applicant was again placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, shoulder, and knee pain. Multiple dietary supplements and topical compounds were endorsed while the applicant was asked to continue physical therapy, extracorporeal shock wave therapy, manipulative therapy, and acupuncture. The applicant was, once again, placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream, 167gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non FDA-approved agents: Ketoprofen Page(s): 112.

Decision rationale: No, the request for a topical ketoprofen-containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the article at issue, is not currently FDA approved for topical application purposes. The attending provider failed to furnish a rationale for provision of this particular agent in the face of the unfavorable MTUS and FDA positions on topical ketoprofen applications. Therefore, the request was not medically necessary.

Cyclobenzaprine 5% cream, 110gm: 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 Other muscle relaxants Page(s): 113.

Decision rationale: Similarly, the request for a Cyclobenzaprine-containing cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine are not recommended for topical compound formulation purposes. As with the preceding request, the attending provider failed to furnish a clear or compelling rationale for usage of topical Cyclobenzaprine in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.

Shockwave therapy for the cervical spine x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23185731>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic; Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 123; 98; 8.

Decision rationale: Similarly, the request for six sessions of extracorporeal shock wave therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. Extracorporeal shock wave therapy is a subset of therapeutic ultrasound, which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines is deemed "not recommended" in the chronic pain context present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed sparingly during the chronic pain phase of treatment. Here, however, the attending provider's concomitant request for multiple different passive modalities to include topical compounded medications, extracorporeal shock wave therapy, and manipulative therapy, taken together, ran counter to the

philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to employ passive modalities "sparingly" during the chronic pain phase of treatment. Finally, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the request for extracorporeal shock wave therapy was framed as a request for six additional extracorporeal shock wave therapy treatments. The applicant had, however, failed to respond favorably to prior treatments; it was acknowledged on January 26, 2015. Pain complaints in the 6-8/10 range were reported. The applicant remained off of work, on total temporary disability. The applicant remained dependent on a variety of topical compounded agents. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite receipt of earlier unspecified amounts of extracorporeal shock wave therapy for the cervical spine over the course of the claim. Therefore, the request was not medically necessary.

Shockwave therapy to the lumbar spine x6: 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), Low Back, and Shock wave therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, and Shock wave therapy.

Decision rationale: Similarly, the request for six sessions of extracorporeal shock wave therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. Extracorporeal shock wave therapy is a subset of therapeutic ultrasound. However, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is "not recommended" in the chronic pain context present here. ODG's Low Back Chapter Shock Wave Therapy also notes that shock wave therapy is likewise "not recommended" in the treatment of low back pain, as was present here on or around the date of the request. The attending provider failed to reconcile his request for continued extracorporeal shock wave therapy with the unfavorable MTUS and ODG positions on the same in the chronic low back pain context present here. Therefore, the request was not medically necessary.

Shockwave therapy to the left shoulder x3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Similarly, the request for extracorporeal shock wave therapy for the shoulder was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that some medium quality evidence supports usage of high energy extracorporeal shock wave therapy for the specific diagnosis of calcifying tendonitis of the shoulder, here, however, there was no mention of the applicant's carrying a diagnosis of radiographically-confirmed calcifying tendonitis of the shoulder on the January 26, 2015 office visit at issue. Rather, it appeared that the applicant had

nonspecific multifocal pain complaints, including nonspecific shoulder pain. Therefore, the request was not medically necessary.

Shockwave therapy to the bilateral knees x3: 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), Knee & Leg, Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic; Functional Restoration Approach to Chronic Pain Management Page(s): 123; 8. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, page 940.

Decision rationale: Finally, the request for three sessions of extracorporeal shock wave therapy to the bilateral knee was likewise not medically necessary, medically appropriate, or indicated here. Extracorporeal shock wave therapy is a subset of therapeutic ultrasound. However, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is not recommended in the chronic pain context present here. The Third Edition ACOEM Guidelines Knee Chapter also notes that there is no recommendation for or against usage of extracorporeal shock wave therapy for the treatment of patellar tendinosis, as was seemingly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, thus, the request(s) for multiple different passive modalities to include topical compounds, extracorporeal shock wave therapy, manipulative therapy, etc., on January 26, 2015 ran counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to employ such passive modalities sparingly during the chronic pain phase of treatment. Finally, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, despite receipt of earlier unspecified amounts of extracorporeal shock wave therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792. 20e despite receipt of the same. Therefore, the request was not medically necessary.