

<b>Case Number:</b>	CM15-0099414		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	08/15/2014
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 63-year-old male, who sustained an industrial injury on August 15, 2014, incurring wrists, left elbow and left shoulder injuries. Computed Tomography of the left shoulder revealed acromioclavicular osteoarthritis, Computed Tomography of the left elbow showed osteoarthritis, ultrasound of the shoulders revealed a right rotator cuff tear, bursitis, tenosynovitis and degenerative joint disease. Treatment included activity restriction, physical therapy, acupuncture, chiropractic sessions, pain medications, anti-inflammatory drugs, topical analgesic patches, and shockwave therapy. Currently, the injured worker presented with bilateral burning of the shoulder, wrist and elbow with a 3-4/10 on a 1 to 10 pain scale. The pain was aggravated by gripping, reaching, pulling and lifting. He complained of weakness, numbness, tingling and pain radiating to the hands and fingers. The treatment plan that was requested for authorization included prescriptions for Ketoprofen, Cyclobenzaprine compound cream and Terocin Patches, shockwave to the left elbow, shockwave to the right wrist and shockwave to the left wrist and PRP injection to the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20% Cream 167 grams, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains Ketoprofen 20%. Ketoprofen is not currently FDA approved for a topical application, and has an extremely high incidence of photocontact dermatitis. Medical necessity for the requested topical compounded medication has not been established. The requested topical analgesic compound is not medically necessary.

**Cyclobenzaprine 5% Cream 110 grams, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains: Cyclobenzaprine 5%. Cyclobenzaprine is not FDA approved for use as a topical application. There is no evidence for the use of any muscle relaxant as a topical agent. Medical necessity for the requested topical compounded medication has not been established. The requested topical analgesic compound is not medically necessary.

**Shockwave to left elbow, QTY: 3: 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**Decision rationale:** Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment proposed to treat refractory tendonopathies such as, plantar fasciitis. It has also been introduced as an alternative to surgery for patients that have not responded to other conservative therapies. ESWT is a noninvasive treatment that involves delivery of low or high-energy shock waves via a device to a specific site within the body. These pressure waves travel through fluid and soft tissue; their effects occur at sites where there is a change in impedance, such as the bone/soft tissue interface. Low-energy shock wave treatments are generally given in one session and usually require some type of anesthesia. In this case, guideline criteria have not been met. Medical necessity for the requested procedure has not been established. The requested service is not medically necessary.

**Shockwave to right wrist, QTY: 3: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESWT.

**Decision rationale:** Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment proposed to treat refractory tendonopathies such as, plantar fasciitis. It has also been introduced as an alternative to surgery for patients that have not responded to other conservative therapies. ESWT is a noninvasive treatment that involves delivery of low or high-energy shock waves via a device to a specific site within the body. These pressure waves travel through fluid and soft tissue; their effects occur at sites where there is a change in impedance, such as the bone/soft tissue interface. Low-energy shock wave treatments are generally given in one session and usually require some type of anesthesia. In this case, guideline criteria have not been met. Medical necessity for the requested procedure has not been established. The requested service is not medically necessary.

**Shockwave to left wrist, QTY: 3: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESWT.

**Decision rationale:** Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment proposed to treat refractory tendonopathies such as, plantar fasciitis. It has also been introduced as an alternative to surgery for patients that have not responded to other conservative therapies. ESWT is a noninvasive treatment that involves delivery of low or high-energy shock waves via a device to a specific site within the body. These pressure waves travel through fluid and soft tissue; their effects occur at sites where there is a change in impedance, such as the bone/soft tissue interface. Low-energy shock wave treatments are generally given in one session and usually require some type of anesthesia. Guideline criteria have not been met. Medical necessity for the requested procedure has not been established. The requested service is not medically

necessary.

**PRP injection to left elbow, QTY: 3: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Platelet Rich Plasma ( PRP).

**Decision rationale:** According to the ODG, platelet rich plasma (PRP) is under study as a solo treatment. PRP is recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. PRP has become popular among professional athletes because it promises to enhance performance, but there is no current science behind it. In a blinded, prospective, randomized trial of PRP vs. placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. The only difference was the time it took to do the repair; it was longer if PRP was placed in the joint. There were also no differences in residual defects on MRI. Regarding the knee, PRP is under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. Platelets are known to release various growth factors that are associated with tissue regeneration/healing and angiogenesis, as well as a variety of chemicals (adenosine, serotonin, histamine, and calcium) that may be important in inhibiting inflammation and promoting angiogenesis. The exact mechanism of action in the context of PRP is still being investigated. A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients. There is no specific indication for PRP for the treatment of the patient's condition. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**Terocin Patches, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** There is no documentation provided necessitating the use of the requested topical medication, Terocin patch. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded

product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.