

Case Number:	CM15-0109163		
Date Assigned:	06/19/2015	Date of Injury:	03/04/2014
Decision Date:	10/06/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 injured worker is a 60-year-old female who sustained an industrial injury on 03/04/2014. There was no mechanism of injury documented. The injured worker was diagnosed with cervical sprain/strain, cervical degenerative disc disease, left shoulder acromioclavicular arthrosis, tendinitis and labral tear, lumbar spine herniated nucleus pulposus, lumbar spine degenerative disc disease and facet arthropathy, left knee lateral meniscus tear, right knee medial tear, bilateral internal derangement of the knee and bilateral knee osteoarthritis. There was no documentation of surgical interventions. Treatment to date has included diagnostic testing, physical therapy, acupuncture therapy, chiropractic therapy, shockwave therapy, localized neurostimulation therapy and medications. According to the primary treating physician's progress report on February 23, 2015, the injured worker continues to experience burning neck pain and left shoulder burning rated at 6-7/10, low back pain associated with numbness and tingling of the bilateral lower extremities rate as 6-7/10 and bilateral burning knee pain radiating to both feet and rated as 8/10 on the pain scale. Examination of the cervical spine demonstrated tenderness to palpation over the cervical paraspinal muscles bilaterally with decreased range of motion. The left shoulder revealed no atrophy with tenderness to palpation at the upper trapezius and rhomboid muscles with decreased range of motion. Sensation to pinprick and light touch was diminished over the C5 through T1 dermatomes in the bilateral upper extremities with decreased motor strength in the upper extremity muscle groups. Deep tendon reflexes were intact. The lumbar spine was tender to palpation at the lumbar paraspinal muscles and over the lumbosacral junction with mild decrease in range of motion. The physical examination of the knees

demonstrated tenderness to palpation over the medial, lateral and patellofemoral joint line bilaterally with decreased range of motion. There was no anterior or posterior cruciate instability and no medial or lateral collateral ligament instability. Varus and valgus stress tests were negative bilaterally. Motor strength was 4/5 in the lower extremity muscle groups with decreased sensation at L4, L5 and S1 dermatomes bilaterally. Current medications are listed as oral suspensions of Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol and Terocin patches. Treatment plan consists of continuing with current therapies and medications, consultation with pain management for lumbar spine epidural steroid injection and the current request for continued localized Intense neurostimulation therapy (LINT) for the lumbar spine (6-sessions, once a week for 6 weeks), Functional Capacity Evaluation (FCE), continued shockwave therapy for the cervical and lumbar spine (up to 6 treatments), continued shockwave therapy for the left shoulder and bilateral knees (up to 3 treatments), acupuncture for the cervical and lumbar spine, left shoulder and bilateral knees (18-sessions, 3 times a week for 6 weeks), Deprizine oral suspension, Fanatrex oral suspension, Synapryn oral suspension, Dicopanol oral suspension and Tabradol oral suspension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Localized Intense Neurostimulation Therapy (LINT) for the Lumbar Spine (6-sessions, once a week for 6 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Percutaneous electrical nerve stimulation (PENS).

Decision rationale: Localized Intense Neurostimulation Therapy (LINT) is equivalent to Percutaneous Electrical Nerve Stimulation (PENS). The Official Disability Guidelines do not recommend percutaneous electrical nerve stimulation has a primary treatment modality. There is a lack of high quality evidence to prove long-term efficacy. A trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is no documentation that LINT is to be used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. Continued Localized Intense Neurostimulation Therapy (LINT) for the Lumbar Spine (6-sessions, once a week for 6 weeks) is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Functional Capacity Evaluation is not medically necessary.

Synapryn 10mg/1ml, 500ml oral suspension: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Daily Med Website (dailymed.nlm.nih.gov).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Synapryn 10mg/1ml, 500ml oral suspension is not medically necessary.

Tabradol 1mg/ml, 250ml oral suspension: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Drugs. com website (www. drugs. com); ODG-TWC Pain Procedure Summary, Muscle Relaxants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Tabradol 1mg/ml, 250ml oral suspension is

not medically necessary.

Deprizine 15mg/ml, 250ml oral suspension: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Drugs. com website (www.drugs.com).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Deprizine 15mg/ml, 250ml oral suspension is not medically necessary.

Dicopanol (diphenhydramine) 5mg/ml, 150ml oral suspension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Dicopanol (diphenhydramine) 5mg/ml, 150ml oral suspension is not medically necessary.

Fanatrex (gabapentin) 25mg/ml, 420ml oral suspension: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs. Decision based on Non-MTUS Citation Drugs.com website (www.drugs.com).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Fanatrex (gabapentin) 25mg/ml, 420ml oral suspension is not medically necessary.

Acupuncture for the Cervical Spine, Lumbar Spine, Left Shoulder and Bilateral Knees (18- sessions, 3 times a week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 18 treatments is greater than the number recommended for a trial to determine efficacy. Acupuncture for the Cervical Spine, Lumbar Spine, Left Shoulder and Bilateral Knees (18-sessions, 3 times a week for 6 weeks) is not medically necessary.

Continued Shockwave Therapy for the Left Shoulder and Bilateral Knees (up to 3 treatments): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary, Knee and Leg Procedure Summary, Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: According to the Official Disability Guidelines, extracorporeal shockwave therapy is recommended only for calcifying tendinitis but not for other shoulder disorders. Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in reducing pain and improving function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Continued Shockwave Therapy for the Left Shoulder and Bilateral Knees (up to 3 treatments) is not medically necessary.

Continued Shockwave Therapy for the Cervical and Lumbar Spine (up to 6 treatments): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary, Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Shock wave therapy.

Decision rationale: The Official Disability Guidelines do not recommend shockwave therapy. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in reducing pain and improving function. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Continued Shockwave Therapy for the Cervical and Lumbar Spine (up to 6 treatments) is not medically necessary.