

<b>Case Number:</b>	CM14-0178805		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	11/22/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of November 22, 2012. A utilization review determination dated October 2, 2014 recommends non-certification of an analgesic cream of cyclobenzaprine 10% and lidocaine 10% 4gm, topical cream of flurbiprofen 20% and lidocaine 5% 4gm, and TENS unit. A progress note dated September 25, 2014 identifies subjective complaints of elevated LFT and very low platelet count, the patient was advised to discontinue Zorvolex. The patient complains of chronic neck pain that radiates to bilateral arms, thoracic and lumbar pain, and poor tolerance/endurance of prolonged sitting, standing, walking, and carrying/lifting. A patient has not received TENS unit and he used the compounding analgesic cream daily with some relief. Physical examination identifies poor tolerance range of motion maneuver, straight leg raise at 40 without radiating pain to calf area, and Hoffman negative. The diagnoses include chronic pain disorder, chronic neck pain, chronic thoracic and low back pain, diabetes nonindustrial, thrombocytopenia, elevated LFT, and T11 fracture. The treatment plan recommends that the patient follow-up with the primary care regarding his abnormal lab results, discontinue oral NSAIDs due to lab issue, recommend back brace, use TENS unit, recommend cyclobenzaprine 10% and lidocaine 2% 4gm alternating with flurbiprofen 20% and lidocaine 5% 4gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of analgesic cream, (Cyclobenzaprine 10%, Lidocaine 10%) 4gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding request for a topical analgesic cream of cyclobenzaprine 10% and lidocaine 10% 4gm. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the request for Flexeril cream, the guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Regarding the use of topical lidocaine, the guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence of clarity regarding those issues, the currently requested topical analgesic cream of cyclobenzaprine 10% and lidocaine 10% 4gm is not medically necessary.

**One prescription of topical cream (Flurbiprofen 20%, Lidocaine 5%) 4gm:** 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 Page(s): 111-113 of 127.

**Decision rationale:** Regarding request for a topical cream of flurbiprofen 20% and lidocaine 5% 4gm, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence of clarity regarding those issues, the currently requested topical cream of flurbiprofen 20% and lidocaine 5% 4gm is not medically necessary.

**TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

**Decision rationale:** Regarding the request for TENS unit, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.