

<b>Case Number:</b>	CM15-0136576		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on October 31, 2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical musculoligamentous sprain and strain, lumbar spine disc disease with anterolisthesis at lumbar four to five with bulging disc and facet arthropathy, and acromion type II of the left shoulder without impingement. Treatment and diagnostic studies to date has included a medication regimen and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated June 02, 2015 the treating physician reports complaints of constant, persistent pain to the neck and the low back with the low back pain radiating to the bilateral lower extremities along with weakness and numbness to the knees. Examination reveals decreased range of motion to the cervical spine, tenderness to the cervical paraspinal muscles and to the trapezius muscles, decreased range of motion to the lumbar spine, tenderness to the lumbar paraspinal muscles with the right greater than the left, hypertonicity to the right paraspinal muscles, and decreased strength at the right lumbar four level. The injured worker's current pain level to the neck was rated a 4 out of 10 and the current pain level to the low back was rated a 7 out of 10. The treating physician noted that the injured worker's pain level decreases from a 9 to a 4 out of 10 with the use of the medication Norco and the pain decreases from a 9 to a 5 out 10 with the use of Flexeril to assist with reducing pain secondary to muscle spasms. However, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The treating physician requested Flurbiprofen 20%, Baclofen 5%, and

Lidocaine 4% 180 grams to assist in controlling the injured worker's pain and to wean him from narcotic medication regimen. The treating physician also requested transcutaneous electrical nerve stimulation (TENS) patches noting a separate request for a new transcutaneous electrical nerve stimulation unit to be used with the patches with the treating physician noting that the injured worker's current unit was weakening.

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

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

**Flurbiprofen 20% baclofen 5% lidocaine 4% 180 grams:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%, baclofen 5%, and lidocaine 4% #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical musculoligamentous sprain strain, resolving; lumbar spine disc disease with anterolisthesis at L4 - L5, bulging disc and facet arthropathy; acromion type II left shoulder without impingement. Date of injury is October 31, 2011. Request for authorization is June 12, 2015. There are two progress notes in the medical record from the treating provider. The earlier progress note dated December 23, 2014 shows a prescription for Flurbiprofen and lidocaine (no baclofen) and no TENS documentation. According to the June 2 2015 progress note, subjectively there was neck pain 4/10 and low back pain 7/10 that radiated to the bilateral lower extremities. The treatment plan shows the addition of baclofen to the topical analgesic. There is no objective functional improvement with the existing topical analgesic. Flurbiprofen is not FDA approved for topical use and not recommended. Baclofen is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen, baclofen and lidocaine and non-Lidoderm form) that is not recommended is not recommended. Consequently, Flurbiprofen 20%, baclofen 5%, and lidocaine 4% is not recommended. Based on clinical information in the record and peer-reviewed evidence-based guidelines, Flurbiprofen 20%, baclofen 5%, and lidocaine 4% #180 g is not medically necessary.

**Transcutaneous electrical nerve stimulation (TENS) patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

**Decision rationale:** Pursuant to the visit to Dr. Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS patches are not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical musculoligamentous sprain strain, resolving; lumbar spine disc disease with anterolisthesis at L4 - L5, bulging disc and facet arthropathy; acromion type II left shoulder without impingement. Date of injury is October 31, 2011. Request for authorization is June 12, 2015. There are two progress notes in the medical record from the treating provider. The earlier progress note dated December 23, 2014 shows a prescription for Flurbiprofen and lidocaine (no baclofen) and no TENS documentation. According to the June 2 2015 progress note, subjectively there was neck pain 4/10 and low back pain 7/10 that radiated to the bilateral lower extremities. The treatment plan requested a replacement TENS unit. There was no documentation in the medical record demonstrating objective functional improvement with TENS use. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing TENS use, TENS patches are not medically necessary.