

Case Number:	CM15-0138863		
Date Assigned:	07/28/2015	Date of Injury:	01/23/2007
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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: Emergency 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 49-year-old female, who sustained an industrial injury on 01-23-2007. Initial complaints and diagnosis were not clearly documented. On provider visit dated 05-28-2015 the injured worker has reported ongoing pain in low back and hands, as well as anxiety, depression and stress. On examination, the injured worker was noted as being nervous, and having memory loss, stress and depression. Gait was noted to be antalgic. Bilateral hands were noted to have tenderness to palm into the wrist and dorsal aspect with radiating open to the extensor forearm was noted, decreased grip strength and median nerve sensation was noted as well. Lumbar spine revealed midline tenderness, spasm and tightness over the paralumbar musculature and range of motion was reduced. And mildly decreased L5-S1 sensation bilaterally was noted. The diagnoses have included lumbar discopathy, carpal tunnel syndrome, anxiety and stress. Treatment to date has included medication. The injured workers disability status was noted to be permanent and stationary. The provider requested Interferential-TENS unit purchase for the lumbar spine, Xanax 1mg #30 and Flurbiprofen 20% Baclofen 10% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.0375% cream #240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential/TENS unit purchase for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120.

Decision rationale: The requested Interferential/TENS unit purchase for the lumbar spine, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. . . There are no published randomized trials comparing TENS to Interferential current stimulation; and the criteria for its use are: Pain is ineffectively controlled due to diminished effectiveness of medications. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has ongoing pain in low back and hands, as well as anxiety, depression and stress. On examination, the injured worker was noted as being nervous, and having memory loss, stress and depression. Gait was noted to be antalgic. Bilateral hands were noted to have tenderness to palm into the wrist and dorsal aspect with radiating open to the extensor forearm was noted, decreased grip strength and median nerve sensation was noted as well. Lumbar spine revealed midline tenderness, spasm and tightness over the paralumbar musculature and range of motion was reduced. And mildly decreased L5-S1 sensation bilaterally was noted. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Interferential/TENS unit purchase for the lumbar spine is not medically necessary.

Xanax 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness and Stress Chapter, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page 24.

Decision rationale: The requested Xanax 1mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has ongoing pain in low back and hands, as well as anxiety, depression and stress. On examination, the injured worker was noted as being nervous, and having memory loss, stress and depression. Gait was noted to be antalgic. Bilateral hands were noted to have tenderness to palm into the wrist and dorsal aspect with radiating open to the extensor forearm was noted, decreased grip strength and median nerve sensation was noted as well. Lumbar spine revealed midline tenderness, spasm and tightness over the paralumbar musculature and range of motion was reduced. And mildly decreased L5-S1 sensation

bilaterally was noted. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax 1mg #30 is not medically necessary.

Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375% cream #240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Salicylate Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics.

Decision rationale: The requested Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375% cream #240 grams, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has ongoing pain in low back and hands, as well as anxiety, depression and stress. On examination, the injured worker was noted as being nervous, and having memory loss, stress and depression. Gait was noted to be antalgic. Bilateral hands were noted to have tenderness to palm into the wrist and dorsal aspect with radiating open to the extensor forearm was noted, decreased grip strength and median nerve sensation was noted as well. Lumbar spine revealed midline tenderness, spasm and tightness over the paraspinal musculature and range of motion was reduced. And mildly decreased L5-S1 sensation bilaterally was noted. The treating physician has not documented trials of antidepressants or anticonvulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375% cream #240 grams is not medically necessary.