

Case Number:	CM15-0160532		
Date Assigned:	08/26/2015	Date of Injury:	09/03/1998
Decision Date:	09/30/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 59-year-old male who sustained an industrial injury on 9-3-98. The Primary Treating Physician's Initial Report dated 4-9-15, indicates that the injured worker's initial complaints were of "immediate pain in his neck", which was caused by being "slammed down to the floor and his chin popped into his neck". The history indicates that he was evaluated in the emergency department, where x-rays were taken. He was prescribed pain medication and given a neck brace. The injured worker reported that he received "treatment for periodic flare-ups of neck pain through his private medical insurance". He received medication, physical therapy, massage, acupuncture, and chiropractic adjustments. He reported that he continued to experience neck pain, which was aggravated by his occupational duties. He also reported that he "suffered cumulative trauma to his low back from 9-1-98 to 2-2-03". He reports that he was required to wear heavy equipment to perform his job duties, which resulted in low back pain development. He reported receiving treatment to his low back pain using his private medical insurance. His treatment included physical therapy, chiropractic adjustments, traction, acupuncture, and massage. Per the note dated 7/17/15, the patient had complaints of pain in neck and low back with radiculopathy. Physical examination revealed tenderness on palpation and limited range of motion of the cervical and lumbar region, positive cervical compression, shoulder depression and Kemp's test, and decreased sensation in right lower extremity. The patient has had history of flare up of pain and severe muscle spasm. The patient had used a TENS unit for this injury. The medication list include Flexeril and Norco. The patient has had history of skin cancer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: 60 Flexeril 10mg (DOS 7/17/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page 41-42 NSAIDs, GI symptoms & cardiovascular risk, page 68-69.

Decision rationale: Retrospective request: 60 Flexeril 10mg (DOS 7/17/2015) According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. "He reported that he continued to experience neck pain, which was aggravated by his occupational duties. Per the note dated 7/17/15, the patient had complaints of pain in neck and low back with radiculopathy. Physical examination revealed tenderness on palpation and limited range of motion of the cervical and lumbar region, positive cervical compression, shoulder depression and Kemp's test, and decreased sensation in right lower extremity. The patient has had history of flare up of pain and severe muscle spasm. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore with this, it is deemed that, the use of the muscle relaxant Retrospective request: 60 Flexeril 10mg (DOS 7/17/2015) is medically appropriate and necessary in this patient.

30 day trial TENS unit: 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 TENS, chronic pain (transcutaneous electrical nerve stimulation) page 114.

Decision rationale: 30 day trial TENS unit, according the cited guidelines, electrical 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness." Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). According the cited guidelines, Criteria for the use of TENS is "There is evidence that other appropriate pain modalities have been tried (including medication) and failed- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. "Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy

notes were not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The request for 30 day trial TENS unit is not medically necessary for this patient.

Diclofenac/Lidocaine cream (3%/5%) 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Diclofenac/Lidocaine cream (3%/5%) 180gm. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical Diclofenac, is not recommended by MTUS. The Diclofenac/Lidocaine cream (3%/5%) 180gm is not medically necessary in this patient.