

Case Number:	CM15-0166702		
Date Assigned:	09/04/2015	Date of Injury:	03/05/2013
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 28 year old with an industrial injury dated 03-05-2013. Her diagnosis is left shoulder diffuse labrum tearing. She presented on 07-30-2015 with complaints of left shoulder and left arm pain rated as 2-4 out of 10 on the visual analog scale. She noted it is the same since previous visit. Prior treatment included medications and physical therapy. She presented on 07-16-2015 with left shoulder and left arm pain rated as 2-4 out of 10. Exam of the left shoulder revealed tenderness over the long head of the biceps with positive Speed's, Yergason's, Hawkins', and Neer's tests. The provider documented a request for TENS and topical pain cream in an attempt to increase function and decrease pain. On 07-31-2015, Utilization Review non-certified the treatment requests for Flurbiprofen/Baclofen/Lidocaine cream 20%/5%/4%, 180 gm and 30 day transcutaneous electrical nerve stimulation (TENS) unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day transcutaneous electrical nerve stimulation (TENS) unit trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic): TENS (transcutaneous electrical nerve stimulation) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), TENS (transcutaneous electrical nerve stimulation).

Decision rationale: According to the cited CA MTUS, transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality. However, it may be used as a noninvasive conservative adjunct for an evidence-based functional restoration program during a one-month home-based TENS trial, but the recommendation is not specific for the shoulder. The ODG further recommends TENS for post-stroke to improve passive humeral lateral rotation, but there is limited evidence to determine if the treatment improves pain. However, ODG states that for other shoulder conditions, TENS units are not supported by high quality medical studies. Therefore, based on the working diagnoses and the cited guidelines, the request for a 30-day transcutaneous electrical nerve stimulation (TENS) unit trial is not medically necessary and appropriate.

Flurbiprofen/Baclofen/Lidocaine cream 20%/5%/4%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers are not recommended as topical products, and as Baclofen is a muscle relaxant not recommended by the MTUS, the request for Flurbiprofen/Baclofen/Lidocaine cream 20%/5%/4%, 180 gm cannot be considered medically necessary and appropriate at this time.