

Case Number:	CM15-0185575		
Date Assigned:	09/25/2015	Date of Injury:	09/11/2004
Decision Date:	11/02/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male who sustained an industrial injury on 9-11-2004. A review of medical records indicates the injured worker is being treated for right shoulder rotator cuff syndrome rule out tear, acute cervical strain, rule out disc herniation, acute lumbar strain, rule out disc herniation, and right lower extremity radicular pain. Medical record dated 8-14-2015 noted persistent pain in the neck and lower back which he rated a 7 out 10. He has numbness in his little toe and takes naproxen which helps his pain from 8 out of 10 to a 4 out 10. Pain has remained unchanged since the last visit. Physical examination noted range of motion was reduced to the cervical spine. There was tenderness to palpation of the levator scapulae and trapezius muscles. Range of motion of the lumbar spine was reduced. Palpation of the quadratus lumborum revealed spasm on the right and tenderness and hypertonicity on the left. Treatment has included 6 physical therapy visits, Naproxen since at least 3-3-2015 and Flurbiprofen-Baclofen-Lidocaine cream (20%-5%-4%) 180 gm since 7-10-2015. Utilization review form dated 8-24-2015 noncertified Flurbiprofen-Baclofen-Lidocaine cream (20%-5%-4%) 180 gm, Naprosyn 550 mg #60, and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Baclo/Lido 20/5/4% 180mg: 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 claimant sustained a work injury in September 2014 when, while working as a police officer, the vehicle he was driving and was struck by another vehicle. He continues to be treated for radiating neck and radiating low back pain and frequent headaches. Naprosyn is referenced as decreasing pain from 7-8/10 to 4-5/10. When seen, he was participating in physical therapy and had completed five of 12 treatment sessions with improved range of motion, strength, and decreased pain. Physical examination findings included decreased cervical and lumbar spine range of motion with tenderness and muscle spasms. Spurling's testing was positive on the right side and straight leg raising was positive on the left. Kemp's testing was positive bilaterally. Right shoulder impingement testing was positive. Authorization was requested for topical compounded cream. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not considered medically necessary.

TENS Unit, thirty day trial: Overturned

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): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in September 2014 when, while working as a police officer, the vehicle he was driving was struck by another vehicle. He continues to be treated for radiating neck and radiating low back pain and frequent headaches. Naprosyn is referenced as decreasing pain from 7-8/10 to 4-5/10. When seen, he was participating in physical therapy and had completed five of 12 treatment sessions with improved range of motion, strength, and decreased pain. Physical examination findings included decreased cervical and lumbar spine range of motion with tenderness and muscle spasms. Spurling's testing was positive on the right side and straight leg raising was positive on the left. Kemp's testing was positive bilaterally. Right shoulder impingement testing was positive. Authorization was requested for a 30 day trial of TENS. Although a TENS/EMS unit trial is referenced, the RFA is for a TENS unit only. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative

option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. A trial of TENS using a basic unit is medically necessary.

Naprosyn (Naproxen Sodium) 550mg #60: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in September 2014 when, while working as a police officer, the vehicle he was driving was struck by another vehicle. He continues to be treated for radiating neck and radiating low back pain and frequent headaches. Naprosyn is referenced as decreasing pain from 7-8/10 to 4-5/10. When seen, he was participating in physical therapy and had completed five of 12 treatment sessions with improved range of motion, strength, and decreased pain. Physical examination findings included decreased cervical and lumbar spine range of motion with tenderness and muscle spasms. Spurling's testing was positive on the right side and straight leg raising was positive on the left. Kemp's testing was positive bilaterally. Right shoulder impingement testing was positive. Naproxen was refilled. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of Anaprox (naproxen) is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and medically necessary.