

Case Number:	CM15-0186094		
Date Assigned:	09/28/2015	Date of Injury:	01/24/2013
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 24, 2013. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for a localized intense neurostimulation therapy (LINT) and a Flurbiprofen-containing topical compound while approving a request for Motrin. An August 6, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On August 6, 2015, the applicant reported ongoing complaints of low back pain with derivative complaints of sleep disturbance, 5-7/10. The applicant reported difficulty walking, standing, lifting, pushing, pulling, and squatting tasks. Motrin and Flurbiprofen-containing compound were endorsed, along with localized intense neurostimulation therapy. The attending provider stated that the applicant was currently working light duty but that he was intended on returning the applicant to a regular duty on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Local Intense Neurostimulation Therapy (LINT) for Lumbar Spine, Per 08/06/2015 # 6:
 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): Percutaneous electrical nerve stimulation (PENS).

Decision rationale: No, the request for six sessions of localized intense neurostimulation therapy was not medically necessary, medically appropriate, or indicated here. Localized intense neurostimulation therapy (LINT) is a variant of PENS or percutaneous electrical nerve stimulation therapy. While page 97 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that percutaneous electrical nerve stimulation therapy can be employed on a trial basis if used as an adjunct to a program of functional restoration in applicants in whom other nonsurgical treatments, including therapeutic exercise and conventional TENS therapy have been tried and/or failed, here, however, there was no mention of the applicant's having previously tried and/or failed conventional TENS therapy, therapeutic exercise, etc., prior to the request for a localized intense neurostimulation therapy being initiated on August 6, 2015. A clear rationale for selection of this particular modality in the face of the tepid MTUS position on the same was not furnished. Therefore, the request was not medically necessary.

Flurbi (Nap) Cream-LA 180gms, Per 08/06/2015 Order # 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Similarly, the request for a flurbiprofen-containing cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is "little evidence" to utilize topical NSAIDs such as Flurbiprofen for the treatment of spine, hip, and/or shoulder. Here, the applicant's primary pain generator, was, in fact, the lumbar spine, i.e., a large, widespread region not easily amenable to topical application. The applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Motrin, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.