

Case Number:	CM15-0187222		
Date Assigned:	09/29/2015	Date of Injury:	02/19/2013
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/23/2015

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: Physical Medicine & Rehabilitation

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 46 year old female who sustained an industrial injury on 02-19-2013. Current diagnoses include bilateral shoulder internal derangement, lumbar disc disorder, thoracic sprain-strain, brachial neuritis or radiculitis, internal derangement-knee, right ankle internal derangement, and cervical disc disorder. Report dated 08-26-2015 noted that the injured worker presented with complaints that included cervical, left shoulder, right shoulder, lumbar, left knee and left ankle pain. Other complaints included numbness and tingling in the left anterior leg, left anterior knee, left shin and left ankle, and insomnia. Pain level was 3-4 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-26-2015 revealed tenderness in the cervical region, upper thoracic, right and left shoulder, decreased range of motion in the cervical area, right shoulder, left shoulder, lumbar spine, and left knee, positive axial compression in the cervical spine, positive impingement and Tinel's in the shoulders, positive straight leg raise, braggards, and Kemp's in the lumbar spine, and left medial joint line with crepitus and edema. Previous diagnostic studies included cervical and lumbar spine MRI. Previous treatments included medications. The treatment plan included requests for medications, IF unit, and follow up in 45 days. Request for authorization dated 08-26-2015, included requests for FCL, gabapentin, Prilosec, Lidall patches, home interferential unit, and follow up. The utilization review dated 09-03-2015, non-certified the request for Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Baclofen 2% cream 180 gm, Lidall patches #60, and one (1) interferential unit 1 month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Baclofen 2% cream 180 gm:
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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent topical muscle relaxants (Cyclobenzaprine & Baclofen) posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic 2013 injury without improved functional outcomes attributable to their use. The Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Baclofen 2% cream 180 gm is not medically necessary and appropriate.

Lidall patches #60: 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): Lidoderm (lidocaine patch).

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm patch (Lidocaine) along with functional benefit from treatment already rendered,

medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidall patches #60 is not medically necessary and appropriate.

One (1) interferential unit 1 month rental: 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): Transcutaneous electrotherapy.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic February 2013 injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved functional status and exercises not demonstrated here. The One (1) interferential unit 1 month rental is not medically necessary and appropriate.