MAXIMUS Federal Services

Case Number:	CM15-0196930		
Date Assigned:	10/12/2015	Date of Injury:	01/27/2015
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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 37 year old male, who sustained an industrial injury on 1-27-2015. The injured worker is undergoing treatment for chronic lumbar strain and lumbar disc herniation. Medical records dated 8-20-2015 indicate the injured worker complains of persistent back pain rated 1-2 out of 10 and radiating down the left leg. He reports Naprosyn helps his pain decrease from 2-3 out of 10 to 1 out of 10. The treating physician indicates the injured worker is working unrestricted and that symptoms are unchanged. Physical exam dated 8-20-2015 notes normal gait full range of motion (ROM) and tenderness to palpation of the lower lumbar area. Treatment to date has included magnetic resonance imaging (MRI), X-rays, physical therapy, chiropractic treatment and medication. The original utilization review dated 9-10-2015 indicates the request for Flurbiprofen/Baclofen/Lidocaine/Menthol Cream (20%/5%/4%/4%) 180gm and 30 day trial Transcutaneous Electrical Nerve Stimulation (TENS) unit is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day Trial: TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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

Decision rationale: Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received conservative medical treatment to include chronic analgesics, therapy, activity modifications, with good response. Clinical exam showed good full range of motions without neurological deficits as the patient continues to work unrestricted. Additionally, there is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. The 30 Day Trial: TENS Unit is not medically necessary or appropriate.

Flurbiprofen/Baclofen/Lidocaine/Menthol Cream (20%/5%/4%/4%) 180gm: Upheld

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

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. 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 Lidocaine medications for this chronic injury without improved functional outcomes attributable to their use. The Flurbiprofen/Baclofen/Lidocaine/Menthol Cream (20%/5%/4%/4%) 180gm is not medically necessary or appropriate.