

Case Number:	CM15-0196935		
Date Assigned:	10/12/2015	Date of Injury:	03/19/2014
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old male with a date of industrial injury 3-19-2014. The medical records indicated the injured worker (IW) was treated for left knee patellofemoral chondromalacia; left foot Morton's neuroma and keratoma, status post excision; left shoulder superior labrum tear with paralabral cyst; and left shoulder long head of the biceps tendinitis and irritation. In the progress notes (8-27-15), the IW reported constant left shoulder pain rated 5 out of 10, with radiation into the cervical spine; intermittent left knee pain rated 3 out of 10; and intermittent left foot pain rated 3 out of 10. His pain was improved from his previous visit on 7-29-15. He described all his pain as "worsened". Norco (since at least 7-2015) was used for pain, 3 to 4 tablets as needed, with improvement in pain from 9 to 10 out of 10 down to 5 out of 10. Rest and medications improved the pain and activity made it worse. The IW was temporarily totally disabled. It was reported 7-2-15 that the IW had some difficulty with activities of daily living in self-care and personal hygiene, written or typed communications, opening car doors and travel; physical activities were more difficult, including walking on stairs, standing and sitting. On examination (8-27-15 notes), the left shoulder was tender posteriorly and over the long head of the biceps. Forward flexion and abduction was 150 degrees and external rotation was 70 degrees. Hawkins', Neer's, Yergason's and speed tests were positive. The 7-29-15 exam found decreased range of motion in the left knee, 5 out of 5 strength in flexion and extension and positive patellofemoral grind test. Treatments included chiropractic and physical therapy and steroid injections for the knee. The treatment plan included a trial of a TENS unit and topical Flurbiprofen compounded cream for pain reduction and increased function while awaiting

shoulder surgery. There was no indication in the records that a urine drug screen was done since Norco was started and the notes did not state there was a trial and failure of an antidepressant or anticonvulsant prior to prescribing the compounded topical analgesic medication. A Request for Authorization was received for a 30 day trial TENS unit; one prescription for Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% and Menthol 4% cream 180gm and Norco 10-325mg #90. The Utilization Review on 9-18-15 non-certified the request for a 30 day trial TENS unit; one prescription for Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% and Menthol 4% cream 180gm and Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of TENS unit: 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: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use)." Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam note of 8/27/15 or 9/3/15 to warrant a TENS unit. There also is no evidence of a evidence based functional restoration plan. Therefore, the request does not meet criteria set forth in the guidelines and is not medically necessary.

1 prescription Flurbiprofen/ Baclofen/ Lidocaine / Menthol cream 180gm (20%/5%/4%/4%): 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 the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, page 113, there is no evidence for use of any other muscle relaxant as a topical product. As this compound contains Baclofen and it is not recommended by the guidelines, the entire compound is not recommended. Therefore, the request is not medically necessary.

90 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, demonstration of urine toxicology compliance or increase in activity from the exam notes submitted for review. Therefore, the criteria set forth in the guidelines have not been met and the request is not medically necessary.