

Case Number:	CM15-0200351		
Date Assigned:	10/15/2015	Date of Injury:	09/27/2003
Decision Date:	11/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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, Florida, 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 injured worker is a 44 year old male, who sustained an industrial injury on September 27, 2003. The injured worker was diagnosed as having chronic cervical musculoligamentous sprain and strain with herniation per magnetic resonance imaging, lumbar disc annular tear, status post anterior cervical fusion decompression of the cervical spine, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, bilateral chondromalacia patella, status post fall to the right shoulder in January of 2011, status post left knee arthroscopy in September of 2003 with residual chondromalacia patella and osteoarthritis, lumbar four to five and lumbar five to sacral one annular tears with disc protrusion per magnetic resonance imaging in December of 2013, and gastropathy due to medication regimen. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, medication regimen, physical therapy, and magnetic resonance imaging of the lumbar spine. In a progress note dated September 02, 2015 the treating physician reports complaints of pain to the cervical spine, lumbar spine, and the bilateral knees along with an increase in tingling to the bilateral feet and radiating pain to the arms. Examination performed on September 02, 2015 was revealing for tenderness to the cervical spine, decreased range of motion to the cervical spine with pain, tenderness to the lumbar spine, decreased range of motion to the lumbar spine with pain, tenderness to the bilateral knees, crepitation with range of motion to the bilateral knees, and decreased strength bilaterally. The injured worker's medication regimen on September 02, 2015 included Norco (since at least April of 2015), Soma (prescribed in August of 2015), and Ibuprofen (since at least April of 2015). The injured worker's pain level to the cervical and

lumbar spine on September 02, 2015 was rated a 6 to 7 out of 10 and the pain level to the bilateral knees was rated a 7 out of 10, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with activities of daily living with the use of his medication regimen. On September 02, 2015 the treating physician requested 30 day trial use of a transcutaneous electrical nerve stimulation unit noting that the injured worker has "significant neuropathic pain" and also requested Flurbiprofen, Baclofen, Lidocaine, and Menthol Cream with a quantity of 180 Grams sitting Medical Treatment Utilization Schedule Guidelines. On October 05, 2015 the Utilization Review determined the requests for Flurbiprofen, Baclofen, Lidocaine, and Menthol Cream with a quantity of 180 Grams and a 30 day trial use of a transcutaneous electrical nerve stimulation unit to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Baclo/Lido/Menthol Cream #180 Grams: 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: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page 111 of 127. This claimant was injured in 2003 with chronic cervical musculoligamentous sprain and strain with herniation per magnetic resonance imaging, lumbar disc annular tear, status post anterior cervical fusion decompression of the cervical spine, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, bilateral chondromalacia patella, status post fall to the right shoulder in January of 2011, status post left knee arthroscopy in September of 2003 with residual chondromalacia patella and osteoarthritis, lumbar four to five and lumbar five to sacral one annular tears with disc protrusion per magnetic resonance imaging in December of 2013, and gastropathy due to medication regimen. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately non-certified.

30 Day Trial Use of TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS 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: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page 116 of 127. This claimant was injured in 2003 with chronic cervical musculoligamentous sprain and strain with herniation per magnetic resonance imaging, lumbar disc annular tear, status post anterior cervical fusion decompression of the cervical spine, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, bilateral chondromalacia patella, status post fall to the right shoulder in January of 2011, status post left knee arthroscopy in September of 2003 with residual chondromalacia patella and osteoarthritis, lumbar four to five and lumbar five to sacral one annular tears with disc protrusion per magnetic resonance imaging in December of 2013, and gastropathy due to medication regimen. The MTUS notes that TENS is 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 the conditions described here: Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005); Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985); Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005); Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)I did not find in these records that the claimant had these conditions that warranted TENS. Also, it is not clear the TENS would be part of an evidence based functional restoration program. The request is appropriately non-certified. Therefore, the request is not medically necessary.