

Case Number:	CM15-0023652		
Date Assigned:	02/13/2015	Date of Injury:	07/30/2014
Decision Date:	04/10/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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, California
 Certification(s)/Specialty: Family Practice

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 45 year old male who sustained a work related injury on July 30, 2014. He was a police officer who was riding his motorcycle when he was thrown off and over a vehicle and landed on his right side. He was diagnosed with acute cervical strain, right elbow contusion, bilateral wrist sprain, bilateral wrist contusion, acute lumbar strain, carpal tunnel syndrome, bilaterally and ulnar neuropathy of both elbows. Treatment included physical therapy, pain medications, topical Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), and anti-depressants. Currently in December 2014, the injured worker complained of ongoing neck pain, low back pain, right elbow, bilateral wrist and hands pain. Patient has received an unspecified number of PT visits for this injury. Physical examination of the cervical and lumbar spine on 1/8/15 revealed limited range of motion and tenderness on palpation. The patient has had CT scan of the abdomen, X-ray of the elbow, wrist femur and knee with normal findings.

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 Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: Request: 30 day trial: TENS unit. According the cited guidelines, electrical stimulation (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 below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness." Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). According the cited guidelines, Criteria for the use of TENS is "there is evidence that other appropriate pain modalities have been tried (including medication) and failed." A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short and long term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the request for 30 day trial: TENS unit is not fully established for this patient.

Flurbiprofen/lidocaine cream 20%/5% 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an

extremely high incidence of photo contact dermatitis." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. As per cited guideline "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The medication Flurbiprofen is a NSAID. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen is not recommended by MTUS. The medical necessity of the medication Flurbiprofen/lidocaine cream 20%/5% 180gm, is not fully established in this patient.