

Case Number:	CM15-0212563		
Date Assigned:	11/02/2015	Date of Injury:	07/25/2012
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male, who sustained an industrial-work injury on 7-25-12. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniation and left lower extremity (LLE) radicular pain. Treatment to date has included pain medication, Anaprox, Flurbiprofen-Baclofen-Lidocaine-Menthol cream since at least 4-2-15, diagnostics, pain management, orthopedic consult, and other modalities. Medical records dated 8-26-15 indicate that the injured worker complains of persistent pain in the low back and right knee pain. The pain in the lumbar spine radiates to the left lower extremity (LLE). The pain is rated 4-7 out of 10 on the pain scale and has been unchanged. The injured worker currently takes Anaprox which she states helps the pain. Per the treating physician report dated 8-26-15 the injured worker has returned to work. The physician indicates that he would like to recommend included Flurbiprofen-Baclofen-Lidocaine-Menthol cream as the injured worker is complaining of slight gastrointestinal upset secondary to Anaprox. The physical exam reveals decreased range of motion of the lumbar spine, tenderness to palpation, positive straight leg raise with sitting on the left, and decreased strength and sensation 4 out of 5 on the left at L4 and L5. The exam of the right knee reveals decreased range of motion, tenderness to the medial and lateral joint line and positive McMurray's test. The physician indicates that he continues to have neuropathic pain such as pins and needles, burning, prickling, pins and needles and numbness and recommends transcutaneous electrical nerve stimulation (TENS) trial for 1 month. He is also prescribed Ibuprofen. The request for authorization date was 9-14-15 and requested services included Flurbiprofen-Baclofen-Lidocaine-Menthol cream (20-5-4-4%)

180gms, Rental of Transcutaneous electrical nerve stimulation (TENS) unit trial for 30 days and Internal medicine consultation x 1. The original Utilization review dated 10-7-15 non-certified the request for Flurbiprofen-Baclofen-Lidocaine-Menthol cream (20-5-4-4%) 180gms, Rental of Transcutaneous electrical nerve stimulation (TENS) unit trial for 30 days and Internal medicine consultation x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine/Menthol cream (20/5/4/4%) 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (online version).

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

Decision rationale: The claimant sustained a work injury in July 2012 when, while working as a [REDACTED], he had severe sharp low back pain when he bent over to place a heavy box of wood on the ground. When seen in September 2015 he was having persistent low back and right knee pain rated at 7/10. He was having lumbar spine pain radiating into the left lower extremity. He was taking Anaprox which was helping. Physical examination findings included decreased lumbar spine range of motion with paraspinal tenderness. There was decreased left lower extremity strength and sensation with positive straight leg raising. He had decreased right knee range of motion with joint line tenderness and positive McMurray's testing. There was decreased quadriceps strength. Diagnoses included a history of a hematuria that had resolved. Authorization was requested for a 30 day trial of TENS and an internal medicine consultation that had been requested in April 2015. Ibuprofen was prescribed. Topical compounded cream was requested. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Oral ibuprofen was also prescribed and oral NSAID medication was working well. Providing another NSAID is duplicative and not necessary. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not medically necessary.

Rental of TENS unit trial for 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter (Online Version).

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

Decision rationale: The claimant sustained a work injury in July 2012 when, while working as a [REDACTED], he had severe sharp low back pain when he bent over to place a heavy box of wood on the ground. When seen in September 2015 he was having persistent low back and right knee pain rated at 7/10. He was having lumbar spine pain radiating into the left lower extremity. He was taking Anaprox which was helping. Physical examination findings included decreased lumbar spine range of motion with paraspinal tenderness. There was decreased left lower extremity strength and sensation with positive straight leg raising. He had decreased right knee range of motion with joint line tenderness and positive McMurray's testing. There was decreased quadriceps strength. Diagnoses included a history of a hematuria that had resolved. Authorization was requested for a 30 day trial of TENS and an internal medicine consultation that had been requested in April 2015. Ibuprofen was prescribed. Topical compounded cream was requested. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. A trial of TENS is medically necessary.

Internal medicine consultation x 1: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (2004) Independent Medical Examinations and Consultations Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in July 2012 when, while working as a [REDACTED] he had severe sharp low back pain when he bent over to place a heavy box of wood on the ground. When seen in September 2015 he was having persistent low back and right knee pain rated at 7/10. He was having lumbar spine pain radiating into the left lower extremity. He was taking Anaprox which was helping. Physical examination findings included decreased lumbar spine range of motion with paraspinal tenderness. There was decreased left lower extremity strength and sensation with positive straight leg raising. He had decreased right knee range of motion with joint line tenderness and positive McMurray's testing. There was decreased quadriceps strength. Diagnoses included a history of a hematuria that had resolved. Authorization was requested for a 30 day trial of TENS and an internal medicine consultation that had been requested in April 2015. Ibuprofen was prescribed. Topical compounded cream

was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, there is a history of hematuria that resolved. There are no reported sign or symptoms of a recurrence. The reason for the consultation is not described. The request is not medically necessary.