

<b>Case Number:</b>	CM15-0220270		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Emergency 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 male, who sustained an industrial injury on 3-6-2013. The injured worker is undergoing treatment for: low back pain with radiation into the left leg. On 8-27-15, and 9-25-15, he reported low back pain with radiation into the left leg and associated numbness, tingling, burning and weakness. He rated his pain 8 out of 10. Gabapentin, Lidopro cream and Lexapro are noted as "helping." Tens unit is noted as "helps." On 10-26-15, he reported low back pain and leg pain. He indicated his leg pain had improved. Objective findings revealed lumbar spine surgical incision was healing, a small open area was noted to be dressed with a band-aid. He is noted to no longer use a cane for ambulation and left lower extremity sensation was indicated as improved. There is no discussion regarding pain reduction, hypertonicity or muscle spasms. There is no discussion of functional improvement with TENS unit. The treatment and diagnostic testing to date has included: medications, TENS, home exercise program. Medications have included: escitalopram, lidopro cream, gabapentin, cyclobenzaprine. The records indicate he has been utilizing Lidopro ointment since at least February 2015, possibly longer. The records indicate he has utilized Cyclobenzaprine and a TENS unit since at least November 2014. Current work status: off work. The request for authorization is for: TENS supplies and patches; Cyclobenzaprine 7.5mg; Lidopro cream. The UR dated 10-16-2015: non-certified the request for TENS supplies and patches; Cyclobenzaprine 7.5mg; Lidopro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS supplies - patches Qty 2: 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): Electrical stimulators (E-stim).

**Decision rationale:** The requested TENS supplies - patches Qty 2, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has low back pain and leg pain. He indicated his leg pain had improved. Objective findings revealed lumbar spine surgical incision was healing, a small open area was noted to be dressed with a band-aid. He is noted to no longer use a cane for ambulation and left lower extremity sensation was indicated as improved. There is no discussion regarding pain reduction, hypertonicity or muscle spasms. There is no discussion of functional improvement with TENS unit. The treatment and diagnostic testing to date has included: medications, TENS, home exercise program. Medications have included: Escitalopram, Lidopro cream, gabapentin, cyclobenzaprine. The records indicate he has been utilizing Lidopro ointment since at least February 2015, possibly longer. The records indicate he has utilized Cyclobenzaprine and a TENS unit since at least November 2014. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS supplies - patches Qty 2 is not medically necessary.

**Cyclobenzaprine 7.5mg Qty 90:** 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): Muscle relaxants (for pain).

**Decision rationale:** The requested Cyclobenzaprine 7.5mg Qty 90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain and leg pain. He indicated his leg pain had improved. Objective findings revealed lumbar spine surgical incision was healing, a small open area was noted to be dressed with a band-aid. He is noted to no longer use a cane for ambulation and left lower extremity sensation was indicated as improved. There is no discussion regarding pain reduction, hypertonicity or muscle spasms. There is no discussion of functional improvement with TENS unit. The treatment and diagnostic testing to date has included: medications, TENS, home exercise program. Medications have included: Escitalopram, Lidopro cream, gabapentin, cyclobenzaprine. The records indicate he has been utilizing Lidopro ointment since at least February 2015, possibly longer. The records indicate he has utilized Cyclobenzaprine and a TENS unit since at least November 2014. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5mg Qty 90 is not medically necessary.

**Lidopro cream Qty 1: 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:** The requested Lidopro cream Qty 1, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has low back pain and leg pain. He indicated his leg pain had improved. Objective findings revealed lumbar spine surgical incision was healing, a small open area was noted to be dressed with a band-aid. He is noted to no longer use a cane for ambulation and left lower extremity sensation was indicated as improved. There is no discussion regarding pain reduction, hypertonicity or muscle spasms. There is no discussion of functional improvement with TENS unit. The treatment and diagnostic testing to date has included: medications, TENS, home exercise program. Medications have included: Escitalopram, Lidopro cream, gabapentin, cyclobenzaprine. The records indicate he has been utilizing Lidopro ointment since at least February 2015, possibly longer. The records indicate he has utilized Cyclobenzaprine and a TENS unit since at least November 2014. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lidopro cream Qty 1 is not medically necessary.