

<b>Case Number:</b>	CM15-0046815		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, elbow, and back pain reportedly associated with an industrial injury of August 25, 2014. In a Utilization Review Report dated February 27, 2015, the claims administrator failed to approve a request for a TENS unit, LidoPro cream, oral fenoprofen, and oral cyclobenzaprine while approving omeprazole and Tylenol No. 3. The claims administrator referenced a report dated February 19, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten RFA form dated February 19, 2015, TENS unit supplies, topical LidoPro, Tylenol No. 3, fenoprofen, Flexeril, and omeprazole were endorsed. The note was very difficult to follow and not altogether legible. The applicant appeared to have transferred care to a new primary treating provider (PTP) on this date and was, furthermore, placed off of work, on total temporary disability owing to a primary complaint of neck pain. The request, thus, appear to represent a first-time request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** No, the request for a TENS unit was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit should be predicated on evidence of a favorable outcome during an earlier one month trial of the same, with favorable outcome in terms of both pain relief and function. Here, however, the attending provider seemingly dispensed the device in question without having the applicant first undergo an intervening one-month trial of the same. Therefore, the request was not medically necessary.

**LidoPro cream 121g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical compounds/analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - LIDOPRO- capsaicin, lidocaine, menthol and [dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ef3f3597-94b9...](http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ef3f3597-94b9...)FDA Guidances & Info; NLM SPL Resources. Download Data .Label: LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

**Decision rationale:** Similarly, the request for LidoPro cream was likewise not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library Medicine (NLM) is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last line agent, for applicant's who have not responded to or are intolerance of other treatments. Here, however, there was no mention of the applicant's intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.

**Fenoprofen calcium 400mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Conversely, the request for fenoprofen, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the

MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medication such as fenoprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic neck and low back pain reportedly present here. The request in question did seemingly represent a first-time request for fenoprofen, apparently prescribed and/or dispensed on February 19, 2015. Therefore, the request was medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Finally, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, given cyclobenzaprine along with prescriptions for fenoprofen, Tylenol No. 3, LidoPro ointment, etc. It is further noted that the 60-tablet supply of cyclobenzaprine represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.