

Case Number:	CM15-0056271		
Date Assigned:	04/01/2015	Date of Injury:	07/23/2012
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/24/2015

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:

This is a 36 year old female patient, who sustained an industrial injury on 7/23/2012. The current diagnoses include cervical pain/cervicalgia, low back pain/lumbago, and headache. Per the doctor's note dated 3/19/2015, she had complaints of neck pain, back pain, right shoulder pain and headache. The physical examination revealed cervical spine tenderness, right shoulder tenderness and decreased range of motion; lumbar spine tenderness and decreased range of motion. According to the progress report dated 1/22/2015, she had complains of right shoulder pain, neck pain, and increased pain and swelling in her lower back. The current medications list includes Prilosec, Flurbiprofen/ Capsaicin cream, Celexa, Ultracet, Ultram, and Klonopin. She has had MRI of thoracic spine, cervical spine and right wrist. She has had chiropractic care for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% Capsaicin 0.275% quantity 30gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Flurbiprofen is an NSAID and baclofen is a muscle relaxant. The cited Guidelines regarding topical analgesics state, 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) 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 recommended. Topical NSAIDs: 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. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended by the cited guidelines for topical use as cited below because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Flurbiprofen 25% Capsaicin 0.275% quantity 30gm is not fully established for this patient.

One 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): 114-116.

Decision rationale: According to the cited guidelines, 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). Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of One TENS unit is not established for this patient.

Three trigger point injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Per the MTUS Chronic Pain Guidelines regarding Trigger point injections state, Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. A documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain is not specified in the records provided. A documentation of failure of prior conservative measures is not provided in the medical records submitted. The previous therapy notes are not specified in the records provided. The medical necessity of three trigger point injection is not fully established for this patient.