

<b>Case Number:</b>	CM13-0034793		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/24/2003
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old female who reported a work related injury on 09/24/2003, the mechanism of injury was not specifically stated. Subsequently, the patient is treated for the following diagnoses, chronic pain syndrome, lumbar spine degenerative disc disease, and postlaminectomy syndrome of the lumbar region. Clinical notes evidence the patient's current medication regimen includes Norco 4 to 5 tabs by mouth daily, Cymbalta 30 mg 3 tabs by mouth daily, trazodone 100 mg 3 tabs by mouth at bedtime as well as flurbi-lido cream. Clinical note dated 09/12/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to present with complaints of burning sensation to the left side of the back, sharp pain on the right side, sensation of restless legs worse at night which interfere with sleep. The provider documents upon physical exam of the patient's, she ambulates with a single point cane and antalgic gait, decreased painful range of motion at 60%. The provider requested authorization for a 30 day trial of interferential unit for alternative pain control to be utilized in combination with medications and exercise, as well as authorization for the patient's continued medication regimen including flurbi-lido cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 30 day trial of an interferential unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation Page(s): 120.

**Decision rationale:** The current request is not supported. California MTUS indicates this intervention is not recommended as an isolated modality. Patient selection criteria if utilized anyway, includes pain is ineffectively controlled due to diminished effectiveness of medications, or pain is ineffectively controlled with medications due to side effects, or a history of substance abuse, or significant pain from postoperative conditions limiting the ability to perform exercise program/physical therapy, or unresponsive to conservative measures. The clinical notes failed to evidence the patient presents with any of the above criteria. The clinical documentation submitted revealed the patient's pain level had decreased when compared to an earlier clinical note from March. The clinical notes do not evidence the patient presents with any side effects due to her medication regimen. The provider documents the patient is to continue in a home exercise program. Given all the above, the request for interferential unit 30 day trial is not medically necessary or appropriate.

**Flurbi-Lido cream:** Upheld

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

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

**Decision rationale:** California MTUS indicates that any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. The clinical notes failed to evidence the patient's reports of specific efficacy with this medication, as documented by a decrease in rate of pain on a VAS scale and increase in objective functionality. The clinical notes do not indicate the patient has decreased utilization of her by mouth medications as a result of utilizing this medication. California MTUS indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Given all the above, the request for Flurbi-Lido cream is not medically necessary or appropriate.