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| <b>Case Number:</b>   | CM14-0143540 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 10/31/2011 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 08/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2014 |

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 injured worker is represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 31, 2011. Thus far, the injured worker has been treated with the following: Analgesic medications; topical compounds; a TENS unit; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated August 25, 2014, the claims administrator denied a request for a topical compounded drug and also denied a request for an extension of a prior TENS unit rental. The injured worker's attorney subsequently appealed. In a July 31, 2014, progress note, the injured worker reported persistent complaints of neck and low back pain, ranging from 7 to 9/10. The injured worker stated that his pain levels were decreased on medications and his TENS unit. It was stated that the injured worker was working. The topical compounded diclofenac-lidocaine containing cream at issue was sought, along with prescriptions for Norco, Flexeril and an extension of TENS unit rental. The injured worker returned to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 3% - Lidocaine 5% Cream, 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Norco, Flexeril, etc. effectively obviate the need for the largely experimental diclofenac-lidocaine containing cream. Therefore, the request is not medically necessary.

**Extension of Tens Unit Rental:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 121.

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

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month rental should be predicated on evidence of a favorable outcome during said one-month trial rental, in terms of both pain relief and function. In this case, the applicant is reporting appropriate reduction in pain scores with ongoing usage of a TENS unit. The applicant has reportedly returned to and maintained regular duty work status, the attending provider has posited, with the TENS unit. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.