

Case Number:	CM15-0014888		
Date Assigned:	02/03/2015	Date of Injury:	06/30/1999
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 female, who sustained an industrial injury on 06/03/1999. On provider visit dated 12/05/2014 the injured worker has reported back pain with constant numbness and tingling to the right greater extremity more than on the left, and right leg pain. On examination she was noted to have tenderness in paraspinous musculature of the lumbar region and had midline tenderness, a decreased range of motion was noted. The injured workers diagnoses included L5-S1 fusion with L5-S1 residual right sided radiculopathy, right knee internal derangement, bilateral knee tendinopathy, right ankle/foot tendinitis, right foot ankle fracture, status post lumbar hardware block, status post right total knee arthroplasty and status post lumbar spine hardware removal. Treatment to date has included pain management and acupuncture therapy. Treatment plan included electrodes and transdermal creams. On 12/26/2014 Utilization Review non-certified Electrodes, Ketoprofen/ Gabapentin/ Diclofenac/ Lidocaine cream 15/8/5/5% 120gm and Flurbiprofen/ Baclofen/ Cyclobenzaprine cream, 20/2/2% 120gm. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Baclofen/ Cyclobenzaprine cream, 20/2/2% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%, baclofen 2% and cyclobenzaprine 2% #120 g is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical cyclobenzaprine is not recommended. Topical baclofen is not recommended. Topical Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are L5 - S1 fusion with L5- S1 residual right-sided radiculopathy; right knee internal derangement; bilateral knee tendinopathy; right ankle/foot tendinitis; right ankle fracture; anxiety/depression; gastroesophageal reflux; bladder problems; hardware pain; status post lumbar hardware block; status post right total knee arthroplasty; and status post lumbar spine hardware removal. Subjectively, the injured worker has persistent low back pain 7/10 with constant numbness and tingling to the lower extremity, right greater than left. The worker has thoracolumbar regional pain as well 7/10. Any compounded product that contains at least one drug (topical cyclobenzaprine, topical baclofen) is not recommended is not recommended. Consequently, Flurbiprofen 20%, baclofen 2% and cyclobenzaprine 2% is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%, baclofen 2% and cyclobenzaprine 2% #120gm is not medically necessary.

Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Pain section, TENS unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS electrodes are not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for

additional details. In this case, the injured worker's working diagnoses are L5- S1 fusion with L5- S1 residual right-sided radiculopathy; right knee internal derangement; bilateral knee tendinopathy; right ankle/foot tendinitis; right ankle fracture; anxiety/depression; gastroesophageal reflux; bladder problems; hardware pain; status post lumbar hardware block; status post right total knee arthroplasty; and status post lumbar spine hardware removal. Subjectively, the injured worker has persistent low back pain 7/10 with constant numbness and tingling to the lower extremity, right greater than left. The worker has thoracolumbar regional pain as well 7/10. The treating physician has not provided objective evidence of functional improvement regarding TENS use. The date of injury is 1999. Consequently, absent clinical documentation of TENS with objective functional improvement with long-term use to gauge efficacy of continued treatment, electrodes for TENS unit are not medically necessary.

Ketoprofen/ Gabapentin/ Diclofenac/ Lidocaine cream 15/8/5/5% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen 15% gabapentin 8%, diclofenac 5%, lidocaine 5% #120 g is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine in cream form is not recommended. Topical gabapentin is not recommended. Diclofenac is the only FDA approved topical nonsteroidal anti-inflammatory. Ketoprofen is not FDA approved. In this case, the injured workers working diagnoses are L5-S1 fusion with L5- S1 residual right-sided radiculopathy; right knee internal derangement; bilateral knee tendinopathy; right ankle/foot tendinitis; right ankle fracture; anxiety/depression; gastroesophageal reflux; bladder problems; hardware pain; status post lumbar hardware block; status post right total knee arthroplasty; and status post lumbar spine hardware removal. Subjectively, the injured worker has persistent low back pain 7/10 with constant numbness and tingling to the lower extremity, right greater than left. The worker has thoracolumbar regional pain as well 7/10. Any compounded product that contains at least one drug (lidocaine in non-Lidoderm form, topical gabapentin and topical ketoprofen) that is not recommended is not recommended. Consequently, Ketoprofen 15% gabapentin 8%, diclofenac 5%, lidocaine 5% is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Ketoprofen 15% gabapentin 8%, diclofenac 5%, lidocaine 5% #120 g is not medically necessary.