

<b>Case Number:</b>	CM15-0017857		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/03/1999
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Arizona, 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:

The injured worker is a 69 year old female, who sustained an industrial injury on 02/03/1999. The diagnoses have included probably EPL (Extensor Pollicis Longus) rupture to right thumb, tenosynovitis to right small finger, extensor tendon rupture to left thumb, status post bilateral carpal tunnel release, and status post right shoulder open rotator cuff repair. Noted treatments to date have included Transcutaneous Electrical Nerve Stimulation Unit and medications. No MRI report noted in received medical records. In a progress note dated 12/04/2014, the injured worker presented with complaints of bilateral thumb pain and weakness. The treating physician reported the injured worker remains symptomatic, notes functional improvement and pain relief with the topical compound, does not desire surgical intervention, and was provided with a prescription refill. In addition, the physician stated the injured worker utilizes the TENS (Transcutaneous Electrical Nerve Stimulation) unit on a daily basis as an adjunct for pain management. Utilization Review determination on 01/09/2015 non-certified the request for Topical Compound LF520 (Lidocaine 5%, Flurbiprofen 20%) apply bid to tid (twice daily to three times daily) 120 grams with two refills and TENS (Transcutaneous Electrical Nerve Stimulation) Unit Supplies, three months supply citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound LF520 (Lidocaine 5%, Flurbiprofen 20%) apply twice a day to three times a day, 120 grams with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics as prescribed above is not recommended. Topical NSAID such as Flurbiprofen are also not recommended for long-term use. Diminishing effects occur after 2 weeks of use. The request for long term use of topical Lidocaine/Flurbiprofen as above is not medically necessary.

**TENS unit supplies, three (3) month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was beyond the 1 month trial recommended. The claimant had used the TENS daily but length of time and VAS score response to TENS is not provided. The request for a 3 months TENS unit is not medically necessary and therefore its supplies are not medically necessary.