

<b>Case Number:</b>	CM15-0110968		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 68-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 24, 2013. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve requests for a TENS/neurostimulator trial and a flurbiprofen-containing topical compounded cream. The claims administrator referenced an April 22, 2015 progress note in its determination. On said progress note of April 22, 2015, handwritten, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability. A TENS/neurostimulator device and the topical compounded cream at issue were endorsed. Little-to-no narrative commentary was furnished in support of the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulator TENS-EMS, 1 Month Home-Based Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation), Neuromuscular electrical stimulation (NMES devices) Page(s): 114-116, 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** No, the request for a neurostimulator TENS/EMS trial was not medically necessary, medically appropriate, or indicated here. One of the components in the device, electrical muscle stimulator (EMS), is a variant of neuromuscular electrical stimulation or NMES, which, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended in the chronic pain context present here but, rather, should be reserved for the post-stroke rehabilitative context. Here, there was no evidence that the applicant had sustained a stroke. The attending provider's handwritten progress note of April 22, 2015 was difficult to follow, handwritten, not altogether legible, did not set forth a clear or compelling case for the device in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.

**Flurbiprofen Topical Cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** Similarly, the request for a flurbiprofen-containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as flurbiprofen have not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the shoulder, i.e., a body part for which topical NSAIDs such as flurbiprofen have not been evaluated. As with the preceding request, the attending provider failed to furnish a compelling rationale for selection of this particular article in the face of the unfavorable MTUS position on the same for the body part in question. Therefore, the request was not medically necessary.