

Case Number:	CM15-0123285		
Date Assigned:	07/07/2015	Date of Injury:	09/30/2014
Decision Date:	08/04/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male, who sustained an industrial injury on 9/30/2014. Diagnoses include cervical sprain, left shoulder strain, lumbosacral sprain with bilateral sciatica, no specific bilateral hip pain and gastritis due to NSAIDs. Treatment to date has included conservative care including oral and topical medications. Per the handwritten Primary Treating Physician's Progress Report dated 5/05/2015 the injured worker reported for follow-up of cervical spine, lumbar spine and left shoulder complaints. Physical examination revealed positive tenderness. The plan of care included acupuncture, medications and a transcutaneous electrical nerve stimulation (TENS) unit, and authorization was requested for Flurbiprofen cream and a TENS unit rental for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial for one month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no documentation of failure and/or trial of conservative treatments including medication. There is no strong evidence supporting the benefit of TENS for neck, shoulder and wrist disorders. Therefore, the prescription of 1 month trial TENS unit is not medically necessary.

Flurbiprofen 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): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. Flurbiprofen, topical analgesic, is not recommended by MTUS guidelines. Therefore, the request for Flurbiprofen cream is not medically necessary.