

Case Number:	CM15-0175300		
Date Assigned:	09/16/2015	Date of Injury:	01/22/2010
Decision Date:	10/23/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old male, who sustained an industrial injury on January 22, 2010. He reported injury to his neck, low back and upper back. The injured worker was currently diagnosed as having chronic pain multifactorial, failed back, chronic neck pain, status post shoulder surgery and gait derangement. Treatment to date has included medication. On July 6, 2015, the injured worker complained of back pain with radiation to both arms. The pain was rated currently as a 4 on a 1-10 pain scale. Straight leg raise was noted to exacerbate pain down to the right leg at 37 degrees. Current medication included Norco and Oxycontin. The treatment plan included a lumbar brace, Transcutaneous Electrical Nerve Stimulation (TENS) unit, home exercises, topical compound creams, Norco and wean down Oxycontin. On August 7, 2015, utilization review denied Cyclobenzaprine 10% Lidocaine 2% 4 gms topical compound cream, Flurbiprofen 20% Lidocaine 5% 4 gms topical compound cream and TENS unit indefinite use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%/Lidocaine 2% 4gms topical compound cream qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Cyclobenzaprine 10%/Lidocaine 2% 4gms topical compound cream qty 1.00 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore the requested medication is not medically necessary.

Flurbiprofen 20%/Lidocaine 5% 4 gms topical compound cream qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Flurbiprofen 20%/Lidocaine 5% 4 gms topical compound cream qty 1.00 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics such as Flurbiprofen, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: TENS (transcutaneous electrical nerve stimulation) unit qty 1.00 is not medically necessary. MTUS states that a one month home-based TENs trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program; therefore, the request is not medically necessary.

