

Case Number:	CM15-0076212		
Date Assigned:	04/28/2015	Date of Injury:	03/19/2012
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 57-year-old female with an industrial injury dated March 19, 2012. The injured worker's diagnoses include sacroiliac (SI) sprain/strain, lumbar disc bulge with radiculitis, cervical disc bulge with radiculitis, internal derangement of knees, bilateral shoulder tendonitis, bilateral rotator cuff syndrome status post right shoulder surgery in January of 2013, migraines, left ear pain and bilateral carpal tunnel syndrome, right worse than left. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine /cervical spine/bilateral shoulders/bilateral knees, Electromyography (EMG)/Nerve Conduction Velocity (NCV) of upper and lower extremities, prescribed medications, cortisone injection to right knee, lumbar epidural injection and periodic follow up visits. In a progress note dated 3/17/2015, the injured worker reported left shoulder pain, right knee pain, worsening lower back pain and intermittent numbness and tingling in the left leg. The injured worker also reported numbness and tingling into the bilateral hands. Objective findings revealed tenderness to palpitation, spasm and decrease range of motion in the cervical spine and lumbar spine. Tenderness to palpitation in bilateral knees with decrease bilateral knee range of motion and decrease bilateral shoulder range of motion were also noted on examination. The treating physician prescribed Flurbiprofen 20% Tramadol 20% 180 grams and home interferential unit trial rental x 60 days now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Tramadol 20% 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Decision based on Non-MTUS Citation Mayo Clinic Proceedings <http://www.ncbi.nlm.nih.gov/pubmed/23374622> [http://www.mayoclinicproceedings.org/article/S0025-6196\(12\)01170-6/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(12)01170-6/fulltext).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Mayo Clinic Proceedings article titled Topical Analgesics in the Management of Acute and Chronic Pain (2013) describes the results of a systematic review of the efficacy of topical analgesics in the management of acute and chronic pain conditions, and concluded that limited evidence is available to support the use of other topical analgesics in acute and chronic pain. There are no randomized controlled trials that support the use of topical Tramadol. The treating physician's pain management report dated 3/19/15 documented the diagnoses of lumbar intervertebral disc disorder, cervical intervertebral disc disorder, knee internal derangement, shoulder tendinitis, and shoulder rotator cuff syndrome. Date of injury is 3/19/12. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. There are no randomized controlled trials that support the use of topical Tramadol. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

Clinical practice guidelines do not support the request for compounded topical product containing Flurbiprofen and Tramadol. Therefore, the request for topical Flurbiprofen and Tramadol is not medically necessary.

Home interferential unit trial rental x 60 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Interferential current stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 181-183, 203, 271, 300, 308-310, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Interferential therapy. ODG Neck and Upper Back (Acute & Chronic) Electrotherapies. ODG Shoulder (Acute & Chronic) Electrical stimulation. ODG Forearm, Wrist, & Hand (Acute & Chronic) Electrical stimulators (E-stim). ODG Low Back - Lumbar & Thoracic (Acute & Chronic) Interferential therapy. Work Loss Data Institute Pain (chronic) 2013 <http://www.guideline.gov/content.aspx?id=47590>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretible for recommendation due to poor study design and methodologic issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that interferential therapy is not generally recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 173-174) indicates that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state that electrotherapies are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints indicates that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, are not supported by high-quality medical studies. Official Disability Guidelines (ODG) state that electrical stimulation is not recommended for shoulder conditions. There is a lack of evidence regarding efficacy.

American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaint Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271) indicates that TENS units and passive modalities are not recommended. Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) indicates that electrical stimulators (E-stim) are not recommended. Electrical stimulation units have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that physical modalities such as diathermy, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that interferential therapy is not generally recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. The treating physician's pain management report dated 3/19/15 documented the diagnoses of lumbar intervertebral disc disorder, cervical intervertebral disc disorder, knee internal derangement, shoulder tendinitis, and shoulder rotator cuff syndrome. Date of injury is 3/19/12. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the request for an interferential unit. Therefore, the request for interferential unit is not medically necessary.