

Case Number:	CM13-0009062		
Date Assigned:	10/11/2013	Date of Injury:	08/10/2012
Decision Date:	01/07/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 08/10/2012. The primary treating diagnosis is lumbago. On 07/24/2013, the treating physician saw the patient in followup with the reported diagnoses of underlying degenerative disc disease at L5-S1 as well as a degenerative disc bulge and/or protrusion at L5-S1 with right-sided radiculitis. The patient had recently been approved for an epidural steroid injection which was in the process of scheduling. The patient reported continuing pain in the right leg and also pain when she got out of a chair and pain with bending or lifting activities. The patient was complaining of an upset stomach with the use of Celebrex and Ultram and has stopped all oral medications. The treating physician recommended Lidoderm Patches since the patient had stopped her oral medications. The treating physician also recommended an H-wave unit for nonpharmacological relief of pain. An initial physician review in this case concluded that H-wave was not indicated because a TENS failure was not evident and there was no evidence of extenuating circumstances in this case. That review also noted that the guidelines for topical medications had not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm #30 with one refill: 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): 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that lidoderm is recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy. It is not recommended for non-neuropathic pain. This patient's neuropathic pain appears to be of nerve root etiology and therefore would not be local to the extent that a Lidoderm Patch would be effective. Overall, the records and guidelines do not support probable efficacy of a Lidoderm Patch. The request for Lidoderm patches is not medically necessary and appropriate.

An H-wave neuromuscular stimulator for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 117.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care including recommended physical therapy plus transcutaneous electrical nerve stimulation. The records do not indicate that this patient has failed a trial of TENS. The guidelines have not been met. It is noted that the treating physician notes that this request has been made because the patient has been intolerant to oral medications. The treatment guidelines do report a number of conservative treatment alternatives other than H-wave for patients who are intolerant of oral medications. The medical records and guidelines do not support an indication at this time for H-wave. The request for an H-wave stimulator is not medically necessary and appropriate.