

Case Number:	CM13-0014157		
Date Assigned:	12/13/2013	Date of Injury:	02/20/2002
Decision Date:	02/27/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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 Neurology, has a subspecialty in Neuromuscular 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.

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 patient is a 35 year old man who developed work related injury on December 14, 2012. He was subsequently diagnosed with right lateral and medial epicondylitis as well as low back sprain/strain, S1 joint inflammation, on the left as well as left sided radiculopathy and facet inflammation. According to a note of September 12, 2013, the patient had intermittent elbow pain which improved after steroids injections. He also had a constant back pain (4/10) that radiated to the left lower extremity. His physical examination was unremarkable. However, in a note dated June 24, 2013, there is a report of lumbosacral paraspinal tenderness. His lumbosacral MRI performed on June 12, 2013, showed L5-S1 moderate left paracentral disc herniation with left lateral recess narrowing, left S1 root compromise and mild to moderate spinal canal stenosis. The provider is requesting authorization for TENS trial for one month, Celebrex and Lidoderm patch.

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 Transcutaneous electrical nerve stimulation (TENS). Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: According to MTUS guidelines, TENS units are not recommended as a primary treatment modality. However, one month home based TENS trial may be considered if used as an adjunct to a restoration program in neuropathic pain, spasticity, multiple sclerosis, complex regional syndrome and Phantom pain. TENS was not recommended for chronic back pain and epicondylitis. Furthermore, there is no documentation of a restoration plan with the proposed use of TENS. Therefore TENS is not medically necessary in this case.

Celebrex 100 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs). Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: According to MTUS guidelines, Celebrex may be considered if the patient has a risk of GI complications from the potential use of NSAIDs. There is no documentation in the patient's file about a risk of GI complications. Therefore, the request of Celebrex is not medically necessary.

Lidoderm Patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to MTUS, 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. That is limited research to support the use of many of these agents. Lidoderm may be used in focal neuropathic pain after failure of first line therapy. There is a limited evidence for its effectiveness in chronic back pain and epicondylitis. Therefore, the use of Lidoderm patch is not medically necessary in this case.