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| Case Number: | CM13-0026883 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 02/02/2012 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and 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 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/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 injured worker is a 71-year-old female who reported an injury on 02/02/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of left knee sprain/strain with meniscus tear, right knee compensatory strain, lumbar spine sprain/strain, left lower extremity radicular symptoms rule out lumbar radiculopathy. Past medical treatment consists of physical therapy, acupuncture, aquatic therapy, the use of a TENS Unit, pain management consultations, psych consultations, and medication therapy. Medications include tramadol, Voltaren gel, albuterol, and topical medication (not specified). On 03/17/2012, the injured worker underwent a magnetic resonance imaging (MRI) of the left knee which indicated sprain/strain with meniscus tear. The injured worker underwent left knee arthroscopy with residual left knee pain and probable left knee recurrent meniscus tear. On 08/28/2013, the injured worker complained of pain in her low back and left knee. Physical examination of the lumbar spine revealed positive bilateral lumbar paraspinous tenderness, left greater than right with 2+ palpable muscle spasm. Range of motion had a flexion of 40 degrees, extension at 15 degrees, right lateral bending at 15 degrees, and left lateral bending at 15 degrees. The injured worker showed a positive straight leg raise on the left at 30 degrees. Muscle testing revealed anterior tibialis left 4/5 and right 5/5, extensor hallucis longus left 4/5 and right 5/5, and peroneus longus/brevis left 4/5 and right 5/5. Sensory examination revealed hypoesthesia at the left L5 dermatome. Patellar reflex was right 2+ and left 1+. Achilles left was absent and right was 2+. Examination of the left knee revealed that the injured worker was tender to palpation over the medial joint line. The treatment plan is for the injured worker to have additional sessions of acupuncture and aquatic therapy. The provider would also like the injured worker to continue the use of the TENS Unit with Dendracin lotion medication. The rationale was not submitted for review. The Request for Authorization form for the medication was submitted on 08/12/2013.

The Request for Authorization form for the purchase of a TENS Unit was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS) Page(s): 116.

Decision rationale: The request for the purchase of a TENS Unit is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend a TENS Unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The submitted documentation lacked evidence indicating significant deficits upon physical examination. The efficacy of the injured worker's previous course of conservative care was not provided. Additionally, it was unclear if the injured worker underwent an adequate TENS trial. It was noted in the submitted report that the injured worker had past use of a TENS Unit but it was not indicated for how long or the outcome of such therapy. Furthermore, the request as submitted did not specify which extremity of the injured worker the TENS Unit was for. Given the above, the injured worker is not within the California MTUS recommended guidelines. As such, the request for TENS Unit purchase is not medically necessary.

Dendracin Lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesia Dendracin Page(s): 111.

Decision rationale: The request for Dendracin lotion is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical creams are largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little no research to support the use of many of these agents. The California MTUS Guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration.

Recommended for short term use (4 to 12 weeks). Given the above, the request for Dendracin exceeds the guidelines of California MTUS. Dendracin is a compounded topical cream containing methyl salicylate 30%, capsaicin 0.0375%, and menthol USP 10%. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, guidelines state that a topical, such as Dendracin should only be recommended after documented trials of antidepressants and anticonvulsants have failed. The request did not indicate any evidence that the injured worker had done so. Furthermore, the request as submitted did not indicate the location of where the medication is to be used, dosage, duration, and frequency of the medication. Additionally, there was no evidence of failed conservative care. As such, the request for Dendracin lotion is not medically necessary.