

Case Number:	CM13-0033469		
Date Assigned:	12/06/2013	Date of Injury:	11/30/2007
Decision Date:	03/11/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a 48 year-old male with an 11/30/07 industrial injury claim. The IMR application shows a dispute with the 9/27/13 UR decision regarding the H-wave trail and Lidoderm patches with one refill. The 9/27/13 UR letter from [REDACTED] states it is a modification and authorized an extension of the H-wave trail and allowed the use of Lidoderm for a month without a refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: This is likely a moot point, since UR appears to have approved the H-wave rental. However, upon reviewing the medical reports provided to IMR, from 7/23/13 through Oct. 2012, there is no documentation of a trial of TENS, or mention of failed conservative care, or failed medications. MTUS states H-wave can be used as an adjunct to a program of functional restoration if: "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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The UR letter already states the H-wave trial was authorized, but based on the medical records provided, it does not appear to be in accordance with MTUS guidelines.

Lidoderm 5% Patch #30 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, 8th edition 2013 Lidoderm Patches

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The 9/27/13 UR letter found Lidoderm patches medically necessary, and approved a one-month supply, but denied the refill. The records indicate the patient is only using the Lidoderm patch for analgesia because he is not able to take other medications due to liver cirrhosis. His pain levels have improved with the medications and aqua therapy, and his sleep has improved. The physician reported pain going from 7/10 to 2-3/10. MTUS states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" The patient appears to be responding well, and the physician has reported functional improvement. I am not able to offer partial certification, and MTUS does not provide a reason to deny the refills of a medication that has been shown to be efficacious. The use of Lidoderm patches for this case appears to be in accordance with the MTUS guidelines.