

<b>Case Number:</b>	CM13-0062742		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/04/2008
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 45-year-old male who reported an injury on 02/04/2008. The mechanism of injury was that the injured worker was on a piece of iron and the crane operator was not paying attention. Two of the connections had been made from the crane to the iron and the third was about to be made, but the piece of iron was pulled up abruptly and rapidly by the crane. The injured worker was sitting on the iron, but because of the rapid ascent, the iron shifted and the injured worker fell almost 20 feet and landed on his hips, while having a 70 pound tool bag around his waist. The injured worker suffered a shattered pelvis and fractures to his left upper arm, left collar bone, and ribs. Additionally, the injured worker had separation of his legs muscles from the bones. The diagnoses included thoracic or lumbosacral neuritis or radiculitis (not otherwise specified), open pelvic fracture (not elsewhere classified), and other general symptoms. The documentation of 11/21/2013 revealed that the injured worker had residual low back pain and bilateral pain and dysesthesia. It was indicated that the injured worker had lost 40 pounds since the injury. The injured worker had elevated liver enzymes which were thought to be secondary to prolonged opioid use. It was indicated the injured worker was using lidocaine patches and they helped him sleep throughout the night. The injured worker requested pain management to avoid using medications, which have injured his liver. The current medications were noted to be Flexeril 10 mg taken one (1) tablet at bedtime for muscle spasms, ibuprofen 600 mg take one (1) twice daily, one (1) hydrocodone/ibuprofen 10/200 mg tablet taken twice a day, and Nesina 25 mg tablets one (1) daily. The physical examination revealed restricted range of motion. The injured worker had tenderness to palpation in the paravertebral muscles along with spasms and tight muscle band and trigger points, with a twitch response and radiating pain. The injured worker had lumbar facet loading that was positive on both sides. The treatment plan included an H-wave unit and pain management counseling sessions, as well as prescriptions of

Lidocaine 5% patch and Lidocaine/Prilocaine cream 2.5/2.5% applied up to eight (8) hours as needed, quantity 1. The progress report (PR-2) dated 12/09/2013, was noted to be in appeal. The rationale was as follows: the appeal for the H-wave unit indicated the injured worker had a chronic pain syndrome that was post industrial trauma followed by surgery for multiple fractures which needed hardware stabilization and had diabetic neuropathy. It was indicated the injured worker had been able to self manage with a home exercise program and medication. It was indicated the injured worker was not able to walk around his home, not able to perform regular activities of daily living including standing to prepare food and was no longer able to use his exercise bicycle. It opined the injured worker was anxious about his future and lack of medication and therapy. The pain management counseling sessions were requested to be reconsidered as the injured worker had a history of anxiety and depression fluctuating over the years with episodes of exacerbation and need for psychological evaluation. It was indicated the injured worker's last pain management session was in 08/2013. The agreed medical exam (AME) indicated that the injured worker may need therapy off and on for years. This would be for the reinforcement of coping skills that are often more useful in the treatment of pain than ongoing medication therapy. The physician opined the injured worker had deteriorated between the last two (2) appointments. Additionally, the appeal was for Lidocaine/Prilocaine cream, as the treatment for all of the other medications were denied. If the Lidoderm patches were not certified, the injured worker would not need to utilize the topical cream. The appeal additionally was for the Lidoderm patches. It was indicated that the injured worker experienced a benefit from the samples that were offered to him at the time of flare-up and it was indicated the injured worker may benefit with topical medication, as he was found to have liver dysfunction, possibly due to the chronic use of acetaminophen (APAP). It was indicated that the injured worker was trialed on Cymbalta, but discontinued it due to the side effects.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 H-WAVE UNIT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT), Page(s): 117.

**Decision rationale:** The Chronic Pain Guidelines do not recommend H-wave stimulation as an isolated intervention. The guidelines recommend a one (1) month trial for neuropathic pain for soft tissue inflammation, if it is used in addition to a program of evidence based restoration and only following failure of initially recommended conservative care including physical therapy, medications, and the failure of a transcutaneous electrical nerve stimulator. The clinical documentation submitted for review in appeal indicated the injured worker had diabetic neuropathic pain and a chronic pain syndrome. There was a lack of documentation indicating that the injured worker would be utilizing the recommended treatment as an adjunct to a program of evidence based functional restoration and that the injured worker had failed conservative care including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The request as submitted failed to indicate if the unit was for rental or purchase and failed to indicate the duration of use. Given the above, the request for one (1) H-wave unit is not medically necessary.

**6 PAIN MANAGEMENT COUNSELING SESSIONS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

**Decision rationale:** The Chronic Pain Guidelines recommend cognitive behavioral therapy for at risk patients. The maximum number of sessions is noted to be six (6) to ten (10) visits with documentation of objective functional benefit. The clinical documentation submitted for review indicated that the injured worker had previously participated in cognitive behavioral therapy. There was a lack of documentation of the quantity of sessions previously attended and the objective functional improvement. The clinical documentation submitted for review failed to indicate that the injured worker had a necessity for ongoing treatment. Given the above, the request for six (6) pain management counseling sessions is not medically necessary.

**PRESCRIPTION OF LIDOCAINE-PRILOCAINE CREAM 2.5-2.5% #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

**Decision rationale:** The Chronic Pain Guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. It was indicated that the injured worker had utilized Cymbalta, but could not tolerate it due to the side effects. However, no other commercially approved topical formulation of Lidocaine other than Lidoderm patches has been approved for neuropathic pain. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established. Lidocaine and Prilocaine are in the same family of medications. Given the above, the request for a prescription of lidocaine/Prilocaine cream 2.5/2.5% #1 is not medically necessary.