

Case Number:	CM13-0063738		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2011
Decision Date:	04/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational Medicine 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 patient is a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of August 25, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; prior knee arthroscopy; unspecified amounts of physical therapy, aquatic therapy, and acupuncture over the life of the claim; and epidural steroid injection therapy. In a Utilization Review Report of November 12, 2013, the claims administrator denied a request for an H-Wave home care system and topical Lidoderm patches. The patient's attorney subsequently appealed. A December 3, 2013 progress report is notable for comments that the patient presents with ongoing low back pain radiating to left leg. Tenderness about the lumbar paraspinal musculature and SI joint are appreciated with limited range of motion also noted. MRI imaging of the lumbar spine, Flexeril, Medrol Dosepak, extended release Tramadol, a diagnostic left-sided SI joint injection, and H-Wave home care system were endorsed. The patient's work status was not clearly stated. In an earlier note of October 11, 2013, it was stated that the patient is trying to limit medication consumption, is working in law enforcement, is in physical therapy, and would like to pursue a trial of an H-Wave homecare system. In a November 25, 2013 progress note, the patient's knee surgeon seemingly returned him to his regular work following a knee arthroscopy on July 28, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 H-Wave Unit [REDACTED]: 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 topic Page(s): 117.

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, an H-Wave home care system is, at best, tepidly endorsed in the treatment of chronic soft tissue inflammation and/or diabetic neuropathic pain in those individuals in whom first-line analgesic medications, second line physical therapy and home exercise, and a third-line TENS unit has been tried and/or failed. In this case, however, there is no evidence that the applicant has in fact failed physical therapy and/or analgesic medications. The applicant was returned to regular work as of November 2013, implying that postoperative physical therapy was in fact successful, effectively obviating the need for the H-Wave home care system. Accordingly, the request remains not certified, on Independent Medical Review.

Prescription of Lidoderm patches [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine or Lidoderm is indicated in the treatment of neuropathic pain/localized peripheral pain in individuals who have tried and failed first-line antidepressants and/or anticonvulsants. In this case, there is no evidence that antidepressants and/or anticonvulsants were tried and/or failed before topical Lidoderm or lidocaine was considered. The information on file does suggest that the applicant has returned to some form of work and is, furthermore, using a variety of oral agents, including Medrol, tramadol, Flexeril, etc., effectively obviating the need for topical Lidoderm patches. Therefore, the request is likewise not certified, on Independent Medical Review.