MAXIMUS Federal Services

Case Number:	CM13-0065478		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2012
Decision Date:	03/24/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

This is a 59-year-old male injured worker with date of injury 4/25/2012. He suffered an injury to his cervical spine, right upper extremity, lower back, and right knee. 7/16/2012 lumbar MRI revealed a 4 mm disc bulge L2-L3 with moderate foraminal compromise; 3 mm disc bulge L3-L4 with mild to moderate foraminal narrowing; 4 mm disc bulge L4-L5 with right paracentral and foraminal disc extrusion with mild to moderate L and moderate R foraminal compromise and impingement of the descending R L5 nerve root; and 4 mm disk bulge at L5-S1 flattening both descending S1 nerve roots with borderline impingement of the S1 nerve root and obliteration of the lateral recess and moderate foraminal narrowing. Treatment to date has included acupuncture, (HEP) home exercise program, (TENS) transcutaneous electrical nerve stimulation trial, physical therapy, and chiropractic manipulation. The date of UR decision was 12/5/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for (TENS) transcutaneous electrical nerve stimulation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS9 9792.24.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. Review of the submitted records reveals that the injured worker has had pain for over three months duration, and has failed other pain modalities. He has undergone TENS trial 10/18/2013, and per 12/9/2013 progress report, the injured worker states that medications and TENS help reduce pain by over 50% and maintain his pain under control, which helps him perform his home exercise program. He is using TENS in conjunction with a home exercise program. I respectfully disagree with the UR physician in his assertion that the results of the TENS trial were not elaborated upon sufficient to meet MTUS criteria. The request is medically necessary.

MTUS9 9792.24.2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 60, 111-113.

Decision rationale: LidoPro contains Capsaicin, Lidocaine, Menthol, Methyl Salicylate. Capsaicin may have an indication for low back pain in this context. Per Chronic Pain Medical Treatment Guidelines (p112) "Indications: There are positive randomized studies with Capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical Capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl Salicylate may have an indication for chronic pain in this context. Per Chronic Pain Medical Treatment Guidelines (p105), "Recommended. Topical Salicylate (e.g., Ben-Gay, Methyl Salicylate) is significantly better than placebo in chronic pain (Mason-BMJ, 2004)." However, the other ingredients in LidoPro are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary.