MAXIMUS Federal Services

Case Number:	CM13-0071322		
Date Assigned:	01/08/2014	Date of Injury:	10/03/2007
Decision Date:	05/08/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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, has a subspecialty in 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 59-year-old male who reported an injury on 10/03/2007. The mechanism of injury was not provided. The progress report dated 11/26/2013 indicated the injured worker was being followed for pain in his neck, upper extremities, back, and lower extremities. It is noted the pain was worse than the injured worker's low back, neck, and radiating into both legs. It was noted the injured worker used a PLO back brace when up and active. It is noted the injured worker continued to have left sided neck pain and headaches. The injured worker reported he did not want interventional modalities. The injured worker was having increased bilateral posterior calf pain that radiates from the bottom of his feet to the back of his knees. It is noted he used a massage wand with little relief. He reported that it was worse with standing still and stationary. The injured worker reported that chiropractic care was helpful in the past. It was recommended a 30-day trial TENS unit for the injured worker to use as a non-invasive conservative adjunct to the comprehensive functional restoration pain management practice. It was noted the injured worker had been using the TENS unit with great success. The injured worker reported that the TENS unit had helped him stay active and use less oral medication. It was noted the injured worker used the TENS unit for both upper and lower extremity pain. It was noted that the injured worker needed more electrodes; therefore, the physician requested replacement of electrodes. The injured worker reported taking medication as prescribed. The injured worker reported using medication more at night than during the day. It was noted the injured worker had not requested early refills. The injured worker reported his pain severity at 7/10. The injured worker reported his best (least) pain severity at a 7/10 and his worse pain severity to be at a 10/10. Medications included Prevacid 30 mg capsule delayed release, Norco 10/325 mg, and Lidoderm 5% (700 mg/patch).

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% ADHESIVE PATCH #90 WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: The California MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Lidoderm patch is not a first line treatment and is only FDA approved for postherpetic neuralgia. The records submitted for review failed to include the rationale for the requested treatment of Lidoderm patch. The records submitted for review failed to include documentation of a trial and failure of a first line therapy. Furthermore, the records submitted for review failed to include documentation of objective functional improvement the injured worker had while utilizing the Lidoderm patch. Furthermore, the records submitted for review failed to include documentation of a VAS score with and without the use of Lidoderm patch and objective functional improvement. As such, the request for Lidoderm 5% adhesive patch #90 with 3 refills is not supported. Therefore, the request is non-certified.

THE CONTINUED USE OF A TENS UNIT FOR UPPER AND LOWER EXTREMITY PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: The California MTUS states that documentation of how often the unit was used, as well as outcomes in terms of pain relief and function should be documented during the 1 month trial period of the TENS unit. The records submitted for review indicated the injured worker had great success with the TENS unit and it had helped the injured worker stay active and use less oral pain medication. However, this was not reflected by the documentation of the injured worker's pain level being at a 7/10, the least pain level being at a 7/10, and the worst pain level being at a 10/10. Furthermore, the injured worker had reported increased bilateral posterior calf pain. As such, the request for continued use of transcutaneous electrical nerve stimulation (TENS) unit for upper and lower extremity pain is not supported. Therefore, the request is non-certified.

REPLACEMENT OF TENS UNIT PADS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.