

Case Number:	CM14-0112596		
Date Assigned:	08/01/2014	Date of Injury:	10/30/2013
Decision Date:	09/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation 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 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 40-year-old female who reported an injury on 10/30/2013. The mechanism of injury was not provided. On 06/23/2014, the injured worker presented with complaints of lower back pain and right knee pain. Upon examination, an EMG dated 02/12/2014 noted no evidence of lumbar spine radiculopathy, and an MRI of the right knee dated 02/09/2014 noted a very small osteochondroma lesion on the inferior medial femoral trochlea. The injured worker was unable to get out of the chair without assistance, had a good gait, and full range of motion. There was decrease heel to toe, decrease sensation in the right lower extremity, and a positive straight leg raise to the right with tenderness to palpation over the medial joint line, and a full right ankle range of motion. The diagnosis was not provided. Prior treatment included the use of a TENS unit, ice and heat, stimulation, and medications. The provider recommended Kapsihot cream and pads for the TENS unit. Kapsihot cream was recommended because the injured worker was unable to tolerate NSAIDs and had GI distress. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kapishot Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: . The California MTUS guidelines state that topical compounds are largely experimental in use with fewer randomized controlled trials to determine efficacy or safety. Topical analgesic creams are primarily recommended for neuropathic means when trials of antidepressants and anticonvulsants have both failed. Any compound product that contains at least one drug that is not recommended is not recommended. More clarification is needed as to the ingredients in the Kapishot cream, further research of the Kapishot cream did not result in ingredient findings. Additionally, there is lack of evidence of no trial of antidepressant and anticonvulsant. The provider's request does not indicate the dose, frequency, quantity, or site that the Kapishot cream is indicated for in the request submitted. As such, the request is not medically necessary and appropriate.

Pads for Tens Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: California MTUS does not recommend a Transcutaneous Electrical Nerve Stimulation (TENS) unit as a primary treatment modality. A 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive. The published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There is lack of documentation indicating significant deficits upon physical exam. The history of the injured worker's previous courses of conservative care were not provided. It was unclear if the injured worker underwent an adequate TENS trial. Additionally, the efficacy of the prior TENS unit was not provided. As a TENS unit was not medically necessary, the request for TENS pads is also not medically necessary. As such, the request is not medically necessary and appropriate.