

Case Number:	CM14-0119071		
Date Assigned:	08/06/2014	Date of Injury:	03/09/2012
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family Practice 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 patient is a 39 year old male who sustained a work injury on 6/21/12 involving the low back and shoulders. He was diagnosed with lumbar strain, left shoulder strain and myofascial pain. A progress note on 7/8/14 indicated the patient had increasing back pain with difficulty sleeping. Exam findings only described that the claimant has moderate discomfort. He was prescribed 2 transcutaneous electrical nerve stimulation (TENS) electrodes, TENS patches, and topical LidoPro ointment. He had been on Ibuprofen and Flexeril as well. He had previously undergone acupuncture and home exercise and had been using a TENS unit for over a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 4oz #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended

for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. LidoPro 4oz #1 is not medically necessary.

TENS Electrodes - Two (2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; TENS, chronic pain; Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 113-114.

Decision rationale: According to the California MTUS Guidelines, TENS is not recommended as a primary treatment modality, but a one-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. Documentation of how often the unit was used, as well as outcomes in terms of pain relief and function should be noted. Most guidelines and studies recommend for post-operative use and for less than 30 days. The patient had been on TENS for over a year. The documentation of use and response is not noted. The continued use of TENS is not medically necessary and therefore the electrode is not necessary.