

Case Number:	CM14-0156769		
Date Assigned:	09/26/2014	Date of Injury:	03/09/2012
Decision Date:	10/29/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology & 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 38-year-old male who reported an injury on 03/09/2012. The mechanism of injury was not specified. His diagnoses were lumbar sprain/strain, myofascial pain and left shoulder sprain/strain. His treatments included a home exercise program, heat therapy, injections, TENS unit therapy and medications. His previous diagnostics and his surgical history were not provided. On 08/08/2014, the injured worker reported his pain level at 6/10 in severity. The only objective finding was noted as appropriate mood/affect. His medications included ibuprofen 800 mg, Methoderm gel 120 g and omeprazole 20 mg. The treatment plan was for Methoderm gel 120 g, determination dated 09/15/2014, and for TENS electrode times 2, determination dated 09/15/2014. The rationale for the request was not provided. The Request for Authorization form was submitted on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Gel #120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines topical analgesics are mainly recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Using these compounded agents requires familiarity of the specific analgesic effect of each agent and how it could be useful for the specific therapeutic goal required. It was noted that the injured worker continued with low back pain. The clinical information reviewed showed that the injured worker had been using Menthoderm and LidoPro. However, there was a lack of information that showed how the topical was beneficial to him as he continues to report low back pain. Also, the guidelines indicate that topical analgesics are mainly recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but it is unclear if the injured worker had tried and failed an antidepressant or anticonvulsant. There was a lack of continuous documentation showing that the injured worker had positive results with previous treatment of Menthoderm. Furthermore, the request failed to provide the frequency and directions for application as prescribed. As such, the request is not medically necessary.

TENS Electrodes x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain (transcutaneous electrical nerve stimulation), Page(s): page(s) 114, 116.

Decision rationale: According to the MTUS Chronic Pain Guidelines transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality. However, 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 criteria for the use of a TENS unit requires evidence that other appropriate pain modalities have been tried including medications and failed. Also, a treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. The injured worker continuously reported low back pain. It was noted that the injured worker had been using a TENS unit for several months, however, there was insufficient documentation that showed how the unit was beneficial to him as there was a lack of objective detail indicating the unit was beneficial. It was unknown what his short and long term goals of treatment with the TENS unit were as they were not submitted. Also, it is unclear as to how the TENS unit benefits his pain relief more so than pain medications, which there should be evidence that other pain modalities have been tried, to include medications, and failed. As such, the request, is not medically necessary.