

<b>Case Number:</b>	CM14-0164848		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Occupational 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 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:

Injured worker is a male with date of injury 5/3/2012. Per primary treating physician's progress report dated 8/22/2014, the injured worker complains of low back pain radiating to the left lower extremity. He underwent rhizotomy procedure on 8/15/2014 with improvement. On exam there is tenderness to palpation over the lumbar spine and paravertebral muscles bilaterally. Range of motion is limited. The cervical spine reveals tenderness over suboccipital and bilateral trapezius muscles. Range of motion is limited. Pain is rated at 2/10 with medications and 5-6/10 without medications. Pain relief with Norco 5/325 lasts for 8 hours. He is able to perform activities of daily living with medications. The sleep pattern has improved. Diagnoses include 1) cervical spine sprain/strain 2) thoracolumbar sprain strain with midline degenerative disc disease and facet arthropathy 3) left AC degenerative joint disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5%, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

**Decision rationale:** Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm patch 5%, #30 is determined to not be medically necessary.

**Lumbar spine conductive garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain; criteria for the use of TENS, Chronic intra.

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

**Decision rationale:** This request is for a lumbar spine conductive garment for home EMS unit as the injured worker is having difficulty adhering conductive pads secondary to immobility. There is no documented objective benefit from the use of the home EMS unit to support continued use. The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The injured worker does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. The criteria for the use of TENS specified by the guidelines are not supported by the clinical reports. Specifically, there should be documentation of pain of at least three months duration, and the injured worker has been identified as having an acute exacerbation. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. These criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The request for Lumbar spine conductive garment is determined to not be medically necessary.

