

Case Number:	CM14-0166044		
Date Assigned:	10/13/2014	Date of Injury:	03/17/2014
Decision Date:	12/03/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 44 year old female who was injured on 3/17/2014. She was diagnosed with neck sprain, brachial neuritis or radiculitis, displacement of intervertebral disc (cervical), and cervical radiculopathy. For this injury, she was treated with NSAIDs, activity modification, muscle relaxants, opioids, physical therapy, topical analgesics, and epidural injection. On 8/25/2014, the worker was seen by her primary treating physician complaining of severe neck pain, headaches, and bilateral arm pain. Physical examination finding included decreased range of motion of the cervical spine, tenderness to right index finger A1 pulley, and right elbow tenderness over the lateral epicondyle with positive provocative test for lateral epicondylitis. She was then recommended to use an electrical stimulation device for home use (TENS), start Lidoderm patches, and restart Relafen, as Mobic had not been helping. No complete list of current medications was provided in the progress note from 8/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric stimulation home unit for cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ranscutaneous electrotherapy Page(s): 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was some reported benefit from TENS unit use while at physical therapy. Also, there was a report from the physical therapist (from 6/23/14) selecting "yes" to the worker being compliant with a home exercise program at that time. However, there was no evidence that the worker was continuing these exercises or formal supervised physical therapy at the time of the request as a sign that she was actively engaged in a functional restoration program, which is required to consider a TENS trial. Also, no specific treatment goals were mentioned in the documentation at the time of the request. Without this documentation, the TENS unit is to be considered not medically necessary until provided for review.

Lidoderm patches: 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 Topical Analgesics, Lidocaine Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, she was recommended Lidocaine patches presumably for use on her cervical spine to help relieve her neck pain. She was diagnosed with cervical radiculopathy, however, there was no current documented objective evidence at the time of the request to confirm this was present, although it may have been. Regardless, there also was not any documented evidence found in the notes available for review suggesting she had trialed first-line therapies for neuropathy, which is required before consideration of topical lidocaine. Therefore, the Lidoderm is not medically necessary.