

Case Number:	CM14-0173983		
Date Assigned:	10/27/2014	Date of Injury:	01/23/2011
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/22/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old male who had a work injury dated 1/23/11. The diagnoses include status post right lower extremity crush injury with chronic pain, status post right knee arthroscopy with medial meniscectomy. Under consideration are requests for TENS unit purchase with supplies (12 batteries, 12 pads) and Terocin Patches # 30. There is a 10/2/14 progress note that states that the patient has had multiple surgeries on his right leg including skin grafts and he has significant scarring. He has ongoing pain in the leg. He did have an arthroscopy of his right knee in August-2011. The pain is laterally on his iliotibial band which is tight and scarred. He also has pain over the medial aspect of his knee which is dull and achy. On exam he has well healed skin grafts on his medial leg spanning from the front of his thigh to his midcalf; He also has lateral skin grafts. His iliotibial band is quite tight and the scar tissue runs over his iliotibial band. He has significant tenderness to palpation over his distal iliotibial band as well as over his medial joint line or his knee. His range of motion is 0-100. There is intact dorsiflexion and plantar flexion. There is brisk capillary refill. The treatment plan included a steroid injection to the iliotibial band. The patient is waiting on Terocin patches. His medications include Diclofenac; Norco; Vicodin; Lortab.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase with supplies (12 batteries, 12 pads): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: The guidelines state that 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. The documentation does not indicate evidence of a one month trial with evidence of outcomes prior to purchase of a TENS unit. The request for TENS unit purchase with supplies (12 batteries, 12 pads) is not medically necessary.

Terocin Patches # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Methyl salicylate Page(s): 112, 105.

Decision rationale: Menthol is not specifically addressed in the MTUS but is an ingredient in methyl salicylate products such as Ben Gay which is supported by the MTUS. The guidelines state that 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The documentation is not clear on whether the patient has had a trial of first line therapy for neuropathic pain prior to attempting a patch with Lidocaine. The request for Terocin patches are not medically necessary.