

Case Number:	CM14-0042664		
Date Assigned:	07/07/2014	Date of Injury:	11/25/2011
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/09/2014

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:

The claimant was injured on 11/25/11. LidoPro and therapeutic ultrasound are under review. He had an ultrasound treatment on 03/05/14. He has been treated for chronic neck, shoulder, and low back pain. At the visit dated 03/05/14, he reported no change in his left shoulder pain which was rated 6/10 and his low back pain was rated 8/10. He also was using Butrans and Percocet. He had decreased low back and shoulder range of motion with tenderness. He was using a cane. His diagnoses included cervical, shoulder, thoracic, and lumbar sprains. He received an ultrasound treatment. He also received LidoPro. He also received refills of Butrans patches and Percocet. His pain was helped by the patches and Percocet. He was to continue chiropractic treatment and he received an ultrasound treatment that day. He saw a PA, [REDACTED]. On 03/11/14, he saw [REDACTED] and had ongoing pain and was using LidoPro, Butrans, and Norco. There is no mention of the results of the ultrasound treatment or the use of LidoPro.

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 Capsaicin, Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for LidoPro 4 oz. #1. The California MTUS, page 143 states topical agents may be recommended as an option [but are] 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence of failure of all other first line drugs. The claimant continued using Butrans patches and oral opioids and it is not clear what benefit he may receive from the additional of topical agents. In addition, Lidocaine is only recommended by the MTUS in the form of Lidoderm patches. There is also no evidence of trials and failure of all other reasonable first line drugs. The medical necessity of this request has not been clearly demonstrated.

Ultrasound: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Therapeutic Ultrasound.

Decision rationale: The history and documentation do not objectively support the request for therapeutic ultrasound for chronic pain. The MTUS do not address the use of ultrasound and the Official Disability Guidelines state it is not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. (Robertson, 2001) There is no evidence that it is likely to provide significant benefit for pain control or encourage healing of injured tissues. In addition, there were no documented objective results from the treatment or any functional improvement noted. The medical necessity of this request has not been clearly demonstrated.