

Case Number:	CM14-0048764		
Date Assigned:	06/25/2014	Date of Injury:	12/19/2009
Decision Date:	07/23/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/27/2014

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 35 year old male who was injured on 12/19/09. He was diagnosed with discogenic lumbar disease with radiculitis, internal derangement of the left knee, left sinus tarsi syndrome, stenosing tenosynovitis and arthritis of 3rd finger on right hand, partial muscle tear of left peroneus longus, lumbar compression fracture, impingement syndrome with rotator cuff tear on left, ulnar nerve entrapment left, depression, and insomnia. He was treated with TENS unit, topical analgesics, oral analgesics and muscle relaxants, physical therapy, surgery (shoulder), and antidepressants. He was able to return to work with some restrictions, and continued to experience chronic pain. On 3/6/14 he was seen by his orthopedic physician complaining of his continued right 3rd finger pain with gripping and is sharp and stabbing. He also reported pain in his right arm and elbow as well as his lower back which is intermittent. He also reported he continued to experience right ankle caused him pain. He requested medication refills to help him go back to work as he missed days due to pain. He was recommended a pain specialist for possible lumbar injections and to a surgeon for his ankle. He then was prescribed Norco, OxyContin, Tramadol ER, Trazadone, Effexor, LidoPro lotion, Terocin patches, Flexeril, Protonix, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO LOTION 4 OUNZES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/ TOPICAL MEDICATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); AND Topical Analgesics, Lidocaine Page(s): pp. 56-57;p. 112.

Decision rationale: The California 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, any Lidocaine used topically should be for neuropathic pain, and it wasn't clear as to whether the Terocin patches and LidoPro lotion was intended to be used on his finger, lower back, arm, or leg, which are different types of pain for him. No record of him being assessed before and after first line therapy for neuropathic pain was found in the notes provided for review and why they were not used. Without this documentation, the LidoPro lotion medication is not medically necessary.

TEROCIN PATCHES, # 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/ TOPICAL MEDICATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) pp. 56-57, AND Topical Analgesics, Lidocaine p. 112 Page(s): pp. 56-57; p. 112.

Decision rationale: The California 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, any Lidocaine used topically should be for neuropathic pain, and it wasn't clear as to whether the Terocin patches and LidoPro lotion was intended to be used on his finger, lower back, arm, or leg, which are different types of pain for him. No record of him being assessed before and after first line therapy for neuropathic pain was found in the notes provided for review and why they were not used. Without this documentation, the Terocin patch medication is not medically necessary.

1 TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/ TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION); OFFICIAL DISABILITY GUIDELINES; NATIONAL GUIDELINES CLEARING HOUSE.

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

Decision rationale: The California 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 California 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, it is clear that he had been using a TENS unit and had requested supplies for it in the past for its use, but it is not known as to how the unit was utilized by the worker or if and how much functional or pain improvement it provided as this is not documented in the notes provided for review. It is unclear as to why a separate unit than the one he already had been using was necessary to replace the old one. Therefore, without this evidence of benefit and clarity on replacement necessity, the TENS unit is not medically necessary.