

<b>Case Number:</b>	CM14-0058949		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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:

This patient is a 40-year-old male employee with date of injury of 3/7/2013. A review of the medical records indicate that the patient is undergoing treatment for a sprain to the trunk lower back area (722.10, Lumber Disc Displacement, 722.52 Lumbar/Lumbosacral Disc Degen, 724.2 Lumbago, 729.4 Pain in Limb, 724.4 Lumbosacral Neuritis Nos. Subjective complaints (3/31/2014) include pain in the low back with numbness in the left leg, walking with a cane when outside the home, and depression (1/13/2014). Objective findings include reduced lumbar spine range of motion, 6mm posterior disc protrusion, indenting the cal sac with slight impingement on the exiting left L5 nerve, athropathy, and mild caudal foraminal narrowing on the left (3/15/2013). Patient has received PHQ-9 score from 13- 23. Treatment has included a lumbar laminectomy at the L4-5 levels on the left side (4/16/2013) with incomplete physical therapy performed after procedure, lumbar support brace, Transcutaneous Electrical Nerve Stimulation (TENS) (first usage recorded on 10/12/2013) and heating pad for pain. Medications have included an unspecified oral pain medication and Lidopro Topical Analgesic (first documented usage 7/11/2014), Tramadol, Naprosyn (10/23/2013). The utilization review dated 4/22/2014 is not medically necessary due to lack of sufficient documentation of need: Lidopro Ointment 12gm, decision for TENS unit patches (2 pairs), decision for Chronic Pain group x 3

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro ointment 12gm,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate, Topical analgesic Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Capsaicin Topicals, Salicylate Topicals, Topical Analgesics.

**Decision rationale:** Lidopro is a topical medication containing Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. MTUS recommends Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Additionally, regarding Salicylates, it is recommended. Topical Salicylate (e.g., Ben-Gay, Methyl Salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also topical analgesics; & Topical analgesics, compounded. There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states Topical over the Counter pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances because serious burns, a new alert from the FDA warns. MTUS states regarding topical analgesic creams, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is not supported by the treatment guidelines. As such, the request for Lidopro Ointment 12gm is not medically necessary at this time.

**Tens unit patches 2 pairs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** MTUS states regarding TENS unit, Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. MTUS further states criteria for selection: Documentation of pain of at least three months duration. There is 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The patient has undergone a prior treatment trial in 2013, per the medical records. However, the treating physician does not document improved outcomes in terms of pain relief or function during or at the conclusion of the trial, which is necessary to extend the TENS treatment. The continued use of a TENS unit is

not substantiated by the medical records. As such, the request for Tens unit patches 2 pairs is not medically necessary.

**Chronic Pain group x 3:** 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 Chronic Pain Program Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs.

**Decision rationale:** MTUS states, Criteria for the general use of Multidisciplinary Pain Management Programs: Outpatient Pain Rehabilitation Programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; (6) Negative predictors of success above have been addressed. Official Disability Guidelines states concerning chronic pain programs (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function. The medical records do not detail sufficiently the guidelines listed above. MTUS also states regarding Chronic Pain Programs, Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. The treating physician only requested for chronic pain group and does not detail the specifics of the program and the proven successful outcomes of the program. As such, the request for Chronic Pain group x 3 is not medically necessary.