MAXIMUS Federal Services

| Case Number: | CM14-0064559 | | |
|---|---|---|---|
| Date Assigned: | 07/11/2014 | Date of Injury: | 01/21/2006 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/07/2014 |

## 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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 57 year old female who sustained a work injury on 1-21-06. Documentation reflects that on 3-31-14, the claimant reported low back pain radiating to the lower extremities. The claimant is currently treating with the use of a topical medication and the use of a TENS unit. Follow-up on 5-1-14 notes the claimant continue with low back pain with radiation to the lower extremity. She has no new gastric issues. The Lidoprocream allows good pain control and allows her to return to work. She uses a TENS unit multiple times a week.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - topical analgesics.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of

antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that she has failed first line of treatment. She reported she could not tolerate anti-depressants in the past, but other first line of treatment are not documented. Therefore the medical necessity of this request is not established.

**TENS patch x2 pairs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; TENs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - TENS.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that a TENS unit is 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. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, phantom limb pain. The claimant reports she uses her TENS unit multiple times a week. However, there is an absence in documentation noting daily pain diaries noting functional and documented improvement. Therefore, the medical necessity for TENS patch x2 pairs is not established as medically necessary.