MAXIMUS Federal Services

Case Number:	CM14-0081463		
Date Assigned:	07/18/2014	Date of Injury:	07/09/2011
Decision Date:	08/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 North Carolina. 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 42-years-old with a reported date of injury of 07/09/2011. The patient has the diagnoses of chronic myofascial pain syndrome (729.1). Per the progress notes provided by the primary treating physician dated 05/12/2014, the patient has complaints of tingling and numbness at night on the right thigh with pain at night. Sharp pain on the right thigh was resolved. Physical exam noted tenderness to palpation on the right upper thigh. Treatment plan consisted of Lidopro ointment, home exercise program, heat, acupuncture and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 105, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics page(s) 111-112 Page(s): 111-112.

Decision rationale: The California chronic pain medical treatment guidelines state that topical analgesics 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. (Namaka, 2004) Lidocaine Indication:

Neuropathic pain 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is no provided documentation of first-line agent failure and the requested medication is a formulation of lidocaine that is not recommended, therefore the medication is not medically necessary.

TENS unit with 2 packs of electrodes (8 total electrodes): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneus electrotherapy page(s) 113-116 Page(s): 113-116.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrotherapy states that TENS (transcutaneous electrical nerve stimulation) units for chronic pain are not recommended as a primary treatment modality. TENS trial may be considered as a noninvasive conservative option as one-month home-based, if used as an adjunct to a program of evidence-based functional restoration for the conditions described below. A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): 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 provided documentation fails to note the required adjunct to ongoing treatment modalities within a functional restoration approach and there is no supplied treatment plan with specified short and long-term goals of treatment. For these reasons, the request is not medically necessary.