

Case Number:	CM14-0082733		
Date Assigned:	07/21/2014	Date of Injury:	05/09/2007
Decision Date:	09/23/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/04/2014

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, has a subspecialty in Pain 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 injured worker is a 62-year-old female who reported an injury after sitting in a chair when the chair broke on 05/09/2007. The clinical note dated 04/29/2014 indicated diagnoses of chronic pain syndrome, postlaminectomy syndrome of the cervical region, cervical spondylosis without myelopathy, dysthymic disorder, obesity, persistent disorder of initiating or maintaining sleep, dietary surveillance and counseling, and essential hypertension benign. The injured worker reported diffuse neck pain bilaterally associated with feeling of heaviness and unsteadiness. She complained of worsening of the pain when looking up. The injured worker reported turning to the right and left was also painful. The injured worker reported increased pain with coughing, sneezing, straining, and had stiffness occasionally with spasms. The injured worker reported headaches that were bilateral and/or occipitofrontal. She reported tingling, numbness tight feeling in her left upper extremity mostly the radial aspect and generalized weakness in her upper extremities with occasional cramping. The injured worker reported insomnia which required her to utilize Ambien on a chronic basis. The injured worker reported her worst pain had been 10/10 and usual pain score was 6/10. However, the pain was always present and seemed to be worse in the evening. The injured worker described her pain as aching, throbbing, associated with stiffness, weakness, increased sweating in her upper and lower extremities and reported the pain was worse with lying down and activities. However, it was improved with medications, rest, heat, ice pack, and her "lack session." On physical examination the injured worker's neck was painful to touch with restricted range of motion turning to the left more than turning to the right with restrictive flexion and extension. The injured worker had a positive loading test bilaterally. The injured worker's treatment plan included continue Lidoderm patch and followup in 2 months. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen

included Lidoderm, Flonase, Claritin, niacin, Travatan, and citalopram. The provider submitted a request for Lidoderm patch and TENS unit. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% x 30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Lidoderm Patch 5% x 30 with 1 refill is not medically necessary. The California MTUS indicates topical analgesics 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, there is a lack of documentation of the injured worker trying a first line therapy such as gabapentin or Lyrica. Furthermore, there is lack of documentation of efficacy and functional improvement with the use of the Lidoderm patch. Moreover, the request did not indicate a frequency or quantity for the Lidoderm patch. Therefore, the request is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS (transcutaneous electrical nerve stimulation), Chronic Pain.

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

Decision rationale: The request for TENS Unit is not medically necessary. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be 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. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). There was a lack of evidence in the documentation provided that would indicate the need for the injured worker to have a TENS unit. In addition, there is lack of documentation indicating significant deficits upon physical examination. Moreover, the injured worker's previous courses of conservative care were not indicated. Additionally, it is not indicated as to how the TENS unit will provide the injured worker with functional restoration. Furthermore, it was not indicated the injured worker had undergone an adequate TENS trial or if the injured worker needed to rent or purchase the TENS unit. Therefore, the request is not medically necessary.