

Case Number:	CM14-0199417		
Date Assigned:	12/09/2014	Date of Injury:	09/07/2013
Decision Date:	01/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/28/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 44 year old male with a work injury dated 9/7/13. The diagnoses include lumbar radiculopathy and right shoulder sprain. Under consideration are requests for 2 Lenza patches (x 30 for 3 refills); TENS unit (analog 350t x1, 1 ear bundle x1, and electrode bundle x1) as an outpatient. There is an 11/10/14 progress note that states that the patient has an industrial injury to his right shoulder and back. He has spasms and trigger points. He needs aggressive treatments and therapy to return his to her usual job. He was instructed on a rigid home exercise program. He was prescribed Naproxyn 550 mg bid #60; Prilosec DR 20 mg 1-21d #60 to treat gastritis from NSAIDs; Flexeril to decrease spasms; Remeron and Tramadol . He will also try ketoprofen creme 20% tid #2 and atrial with Lidocaine patches 12 hr on 12hr off #30 to treat allodynia and dysesthesia. A tens unit was prescribed in conjunction with home therapy for spasms. The patient has used it in therapy and it has helped decrease spasms. The documentation from 11/10/14 indicates that he is on Naproxyn, Prilosec, Gabapentin, Ambien and Protonix. Prior utilization review dated 11/17/14 states that the patient apparently had a trial of gabapentin which was apparently not tolerated due to sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Lenza patches (x 30 for 3 refills): 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 Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: 2 Lenza patches (x 30 for 3 refills) are not medically necessary per the MTUS Chronic The guidelines state that topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. Prior utilization review indicates that the primary treating physician was going to attempt to try another antiepileptic medication besides Gabapentin or lower the dose of Gabapentin. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for 2 Lenza patches (x 30 for 3 refills) are not medically necessary.

TENS unit (analog 350t x1, 1 ear bundle x1, and electrode bundle x1) as an outpatient:
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 Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: TENS unit (analog 350t x1, 1 ear bundle x1, and electrode bundle x1) as an outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation does not indicate evidence of how often the TENS unit was used in the past, the duration of use as well as outcomes in terms of pain relief and function. The request for TENS unit (analog 350t x1, 1 ear bundle x1, and electrode bundle x1) as an outpatient is not medically necessary.