

Case Number:	CM14-0047847		
Date Assigned:	06/25/2014	Date of Injury:	09/25/1991
Decision Date:	04/08/2015	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 58-year-old male with an industrial injury date of 09/25/1991. He presents on 12/16/2013 with complaints of right elbow, neck and shoulder pain. There was limited range of motion in cervical, thoracic and lumbar spine. There was tenderness in the shoulder and lateral lower buttock area. Nerve conduction studies confirmed right ulnar entrapment across the elbow. Prior treatments include surgery, medications. Diagnosis: Cervical disc degeneration status post fusion of cervical 7, thoracic 1, Lumbosacral disc degeneration, Carpal tunnel syndrome, Recurrent left iliac infection in the bone donor site. On 02/27/2014 the request for TENS unit was non-certified by utilization review. The prescription for Lidoderm patch 5% # 30 with 3 refills was also non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Unit: Upheld

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

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

Decision rationale: Guidelines indicate that TENS is not recommended as a primary treatment modality, but a one month home based trial may be considered if used as an adjunct to a program of evidence based functional restoration for neuropathic pain and regional pain syndrome. The medical records do not clearly document neuropathic pain. Thus the request for a TENS unit is not medically necessary and appropriate.

1 Prescription for Lidoderm patch 5% #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 and 111.

Decision rationale: Guidelines recommend use of Lidoderm only after a trial of a first line agent such as Gabapentin fails for treatment of neuropathic pain. In this case, neuropathic pain is not documented in the clinical records. Thus, the request for Lidoderm patches is not medically necessary and appropriate.