

<b>Case Number:</b>	CM15-0005337		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 year old male, who sustained an industrial injury on 05/15/2014. On physician's progress report dated 12/16/2014 the injured worker has reported right lower extremity pain with radiating pain to the calf and toes. On examination he was note to have tenderness of lumbar spine area over posterior paravertebral musculature. The diagnoses have included lumbar musculoligamentous sprain/strain with right lower extremity radiculitis and right sacroiliac joint sprain/strain. Treatment to date has included acupuncture treatment and medication. Treatment plan included TENS unit and Lidoderm Patch 5% #60. On 01/06/2015 Review non-certified TENS unit and Lidoderm Patch 5% #60. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**Decision rationale:** The patient presents with right lower extremity pain which radiates into the calf and toes. The current request is for TENS Unit. The treating physician states, "Request for authorization for a TENS unit to focus on managing chronic pain and loss of motion, as well as focus on increasing circulation to the lumbar spine." (122C) The MTUS guidelines state, "A home-based treatment trial of one month may be appropriate for neuropathic pain." In this case, the treating physician has documented that the patient has neuropathic pain but did not state if the patient had a previous one month trial or if this request is for a one month trial. While a TENS unit may be beneficial for this patient, MTUS guidelines require a one month trial and there must be documentation of improvement in pain and function for continuation of usage. The current request is not medically necessary and the recommendation is for denial.

**Lidoderm patch 5% #60:** 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 Page(s): 56-57.

**Decision rationale:** The patient presents with right lower extremity pain which radiates into the calf and toes. The current request is for TENS Unit. The treating physician states, "Request for authorization for a TENS unit to focus on managing chronic pain and loss of motion, as well as focus on increasing circulation to the lumbar spine." (122C) The MTUS guidelines state, "A home-based treatment trial of one month may be appropriate for neuropathic pain." In this case, the treating physician has documented that the patient has neuropathic pain but did not state if the patient had a previous one month trial or if this request is for a one month trial. While a TENS unit may be beneficial for this patient, MTUS guidelines require a one mo on script. Discontinue Norco. Start Lidoderm patch 5% for pain." (122C) The MTUS guidelines state, "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)." In this case, the treating physician has not documented a failed trial of a first line treatment and there is no specific area of localized peripheral neuropathic pain reported. The current request is not medically necessary and the recommendation is for denial.