

Case Number:	CM15-0103210		
Date Assigned:	07/29/2015	Date of Injury:	04/11/2002
Decision Date:	09/17/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 an 81 year old female, who sustained an industrial injury on 04/11/2002. She has reported subsequent neck, low back and leg pain and was diagnosed with cervical disc protrusion of C5-C6 with left arm radiculopathy, lumbar degenerative spondylolisthesis of L4-L5 with disc injury at L5-S1 and left knee post-traumatic arthritis. Treatment to date has included medication, knee bracing, cervical epidural injections, Synvisc injections, Toradol injections, physical therapy and a home exercise program. Lidocaine patches were noted to have been prescribed as far back as 01/24/2011 and Motrin was prescribed as far back as 12/29/2014. Transcutaneous electrical nerve stimulator (TENS) unit was requested on 12/29/2014 but it's unclear as to whether it was approved or utilized by the injured worker. In a progress note dated 04/07/2015, the injured worker complained of persistent low back and leg pain. The severity of pain was not rated. Objective findings were notable for an antalgic gait, mild kyphosis, abnormal toe walk, mid-line tenderness of the lumbar spine, decreased range of motion of the lumbar spine with spasm and decreased sensation bilaterally at the L5 dermatomes. Work status was documented as permanent and stationary. A request for authorization of Lidoderm patch #2 boxes, 3 refills, Motrin 800 mg #90, 3 refills and DME; TENS unit supplies, 3 refills was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #2 boxes 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine).

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

Decision rationale: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/ SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case, the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence in the provided records to support failure of first line therapy and subsequent use of Lidoderm patches, and therefore the request for topical lidocaine is not medically necessary.

Motrin 800mg #90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: Utilization of maximum (800mg) dosing of ibuprofen in chronic pain is concerning when considering use of NSAIDs, and according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. Because it is important to clearly document evidence of pain and functional improvement in order to ensure that the benefit of treatment outweighs the risk, the initial quantity of medication requested is not considered medically necessary without further documentation and follow-up given the risk of chronic use.

DME; TENS Unit supplies 3 refills: Overturned

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

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

Decision rationale: With respect to chronic pain and according to the MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be

considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain. In this case the patient appears to have been approved previously for a TENS unit, and therefore DME to support use of that equipment is reasonable. Therefore, the request is considered medically necessary.