

<b>Case Number:</b>	CM15-0107040		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	03/04/2003
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old female, who sustained an industrial injury on 3/4/2003. She reported aching in her neck and low back. Diagnoses have included spasm of muscle, cervicgia and pain in joint of forearm. Treatment to date has included physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, trigger point injections and medication. According to the progress report dated 5/21/2015, the injured worker complained of pain in her right side in her shoulder blade area. She reported that the pain came down her right upper extremity at times. She noted that Lidoderm patches helped relieve her pain. She reported that Lidoderm patches and her transcutaneous electrical nerve stimulation (TENS) unit kept her active. She rated her pain as 4/10 without medications. Physical exam revealed reduction in her right rotation and side bending of the cervical spine. She had pain over the palpation of her levator and rhomboid. Authorization was requested for Lidoderm patches and transcutaneous electrical nerve stimulation (TENS) unit electrodes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches Qty 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** Lidoderm Patches Qty 90 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patches is not medically necessary.

**TENS (transcutaneous electrical nerve stimulation) Unit Electrodes:** 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 (transcutaneous electrical nerve stimulation) Unit Electrodes is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. The documentation indicates that the patient has utilized TENS to stay active, however it is not clear exactly whether there has been a one month trial period with how often the unit was used; effect on medication usage during this period of use. Furthermore, the request does not specify a quantity of electrodes and continued use of a TENS unit is dependent on efficacy. For these reasons the request for TENS Unit Electrodes is not medically necessary.