

Case Number:	CM15-0108401		
Date Assigned:	06/16/2015	Date of Injury:	02/14/2008
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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
 Certification(s)/Specialty: Internal 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 62 year old female, who sustained an industrial injury on 02/14/2008. She has reported subsequent bilateral knee pain and was diagnosed with bilateral knee sprain. Treatment to date has included medication and bracing. In a progress note dated 05/06/2015, the injured worker complained of bilateral knee pain and inability to bear weight on the right knee, weakness, popping, buckling and giving way. Objective findings were notable for a limp favoring the right lower extremity, tenderness to palpation of the bilateral medial and lateral joint lines, patellofemoral crepitus and positive McMurray's sign. A request for authorization of interferential home unit with conductive garment and 5% Lidocaine patch every afternoon for twelve hours, quantity of 60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Home Unit with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on MTUS guidelines, a TENS unit 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 adjunct to a program of evidence-based functional restoration, for the conditions described below. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II as well as CRPS I. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. Criteria for use of TENS include: documentation of pain of at least 3 months duration, there is evidence that other appropriate pain modalities have been tried (including medication) and failed, 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, other ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short and long-term goals of treatment with the TENS should be submitted. TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. In this specific case, the patient does have documentation of pain of at least 3 months duration, but there is minimal evidence that other appropriate pain modalities have been tried (including medication) and failed, and there is no documentation that a one-month trial period of the TENS was done. Also, a treatment plan including specific short- and long-term goals of treatment with the TENS unit was not submitted. Therefore, based on the evidence in this case and the review of the MTUS guidelines, the request for an interferential home unit with conductive garment is not medically necessary.

Lidocaine 5% patch every afternoon for twelve hours, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Based on MTUS guidelines, topical analgesics are recommended as an option and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epileptic drug such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Further research is needed

to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. It is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In this case, there is no documentation that this patient has tried and failed first line treatments such as tricyclic antidepressants or antiepileptic drugs. Also, further research still needs to be done to approve the lidoderm patch for chronic neuropathic pain. Therefore, based on the MTUS guidelines and the evidence in this case, the request for Lidocaine 5% patch every afternoon for 12 hours, quantity 60 is not medically necessary.