

Case Number:	CM15-0139195		
Date Assigned:	07/29/2015	Date of Injury:	09/20/2010
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 30-year-old male who sustained an industrial injury on 09/20/2010. He reported injuring his back and developing pain down the left leg. The injured worker was diagnosed as having lumbar region injury status post-surgical, dysuria, and myofascial pain anxiety, no suicidal ideations. Treatment to date has included surgery, medications, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and a home exercise program. Currently, on 6/18/15 the injured worker complains of chronic low back pain at 5/10, increased electric feeling in lower extremities x 3 months and increased muscle spasms with headache. Objectively the worker has an antalgic gait with decreased range of motion in the lumbar spine. There was tenderness to palpation over the lumbar and thoracic paraspinal muscles. Patient uses a cane for ambulation. Current diagnoses include: Lumbar region injury. Status postsurgical 2010. Dysuria-self cath. Lower Back pain. Lumbosacral of thoracic post laminectomy syndrome of lumbar. Myofascial pain. History of cauda equine. Poor coping with chronic pain. The treatment plan was to continue the TENS unit and Lidopro cream, naproxen, and omeprazole and request pool therapy. A request for authorization was made for the following: 1. 1 prescription for Lidopro cream 121gm. 2. 2 pairs TENS patches. 3. 6 aquatic therapy sessions for lumbar spine. The medication list includes Lidopro cream, naproxen, Theracane and omeprazole. The patient had received an unspecified number of the PT visits for this injury. The patient had used a TENS unit for this injury. Patient had received trigger point injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Lidopro cream 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics. Lidopro ointment contains capsaicin, lidocaine, menthol, and methyl salicylate.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended
Lidocaine Indication: Neuropathic pain, 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). Non-neuropathic pain: not recommended." Topical salicylate like methyl salicylate is recommended. However there is no high grade scientific evidence for its use as a compounded medication with other topical analgesics. There is no high grade scientific evidence to support the use of menthol for relief of pain. There was no evidence in the records provided that the pain is neuropathic in nature. The records provided did not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA, MTUS, chronic pain treatment guidelines. The request for Li1 prescription for Lidopro cream 121gm is not medically necessary or fully established in this patient.

2 pairs TENS patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) page 114.

Decision rationale: According the cited guidelines, electrical stimulation (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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness". Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no

literature to support use)". According the cited guidelines, Criteria for the use of TENS is "There is evidence that other appropriate pain modalities have been tried (including medication) and failed". A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted" Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Physical examination revealed she can arise from seated to standing without difficulty and normal gait and normal sensory and motor examination. The patient had received an unspecified number of the PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The request for 2 pairs TENS patches is not medically necessary or fully established for this patient.

6 aquatic therapy sessions for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 22 Aquatic therapy.

Decision rationale: Per MTUS guidelines, aquatic therapy is, "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity". Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. The patient had received an unspecified number of the PT visits for this injury. Detailed response to previous of conservative therapy visits was not specified in the records provided. Previous of conservative therapy visits notes were not specified in the records provided. The records submitted contain no accompanying current of pool therapy visits evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for 6 aquatic therapy sessions for lumbar spine is not medically necessary or fully established in this patient.