MAXIMUS Federal Services

Case Number:	CM15-0139336		
Date Assigned:	07/29/2015	Date of Injury:	01/16/2013
Decision Date:	09/02/2015	UR Denial Date:	07/13/2015
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, New York, California
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 applicant is a represented 41-year-old who has filed a claim for chronic shoulder and myofascial pain complaints reportedly associated with an industrial injury of January 16, 2013.In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve a request for TENS patches and topical LidoPro cream. An office visit dated July 6, 2015 was referenced in the determination. On an RFA form dated July 6, 2015, TENS patches and LidoPro cream were endorsed. In an associated progress note of the same date, July 6, 2015, the applicant reported ongoing complaints of shoulder pain, 4/10. Work restrictions were endorsed. It was suggested that the applicant was working with said limitations in place, albeit through pre-printed checkboxes. The attending provider stated that the applicant's TENS unit and heating pad were helpful in terms of attenuating the applicant's pain complaints and in terms of improving her range of motion. In one section of the note, it was stated that the applicant was using Relafen for pain relief. In another section of the note, the attending provider stated that the applicant was not using oral medications owing to a history of stomach upset. At the bottom of the report, it was stated that the applicant was working full time with self-modifications. At the bottom of the report, the applicant was asked to continue Relafen. The stated diagnoses were shoulder tendinosis, shoulder rotator cuff tear, myofascial pain syndrome, and shoulder adhesions. The applicant's shoulder was described as the primary pain generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x 2 pairs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Yes, the request for TENS unit patches was medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and, by implication, provision of associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, with beneficial effects evident in terms of both pain relief and function. Here, the applicant had returned to full-time work, it was reported on July 6, 2015. The applicant was not using any opioids, it was suggested on that date. Ongoing usage of TENS unit had facilitated performance of home exercises, the treating provider reported. The applicant had, in short, demonstrated evidence of functional improvement as defined in MTUS 9792.20e, with ongoing usage of the TENS unit. Provision of the associated patches, thus, was indicated. Therefore, the request was medically necessary.

Lidopro cream 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LIDOPRO (capsaicin, lidocaine, menthol, and
...DailyMeddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...Dec 1, 2012 - LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: Conversely, the request for topical LidoPro was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, the primary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of first-line oral pharmaceuticals such as Relafen (nabumetone) effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.