

Case Number:	CM15-0139574		
Date Assigned:	07/29/2015	Date of Injury:	07/21/2011
Decision Date:	08/26/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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: North Carolina

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 is a 55 year old male who sustained an industrial injury on 7.21.11. The mechanism of injury was unclear. He complains of left ankle pain with activity and right shoulder pain. He uses a cane for ambulation. On physical exam there was some tenderness over the mid cervical and lower cervical paraspinal, right upper trapezius region with muscle bands and trigger point causing pain to radiate to the right shoulder; trigger points were identified in the lumbar spine causing pain to radiate to the left buttock; tenderness and pain with right knee flexion; left and right ankle tenderness. Medications were tramadol, Lidopro ointment, cyclobenzaprine, omeprazole. Medications control his pain 50% per 6.26.15 note. Diagnoses include crush injury, ankle; crush injury left lower leg, foot; myofascial pain; rotator cuff sprain; chronic headaches; chronic neck pain; diabetes; chronic left ankle, foot pain; chronic low back pain; chronic right knee pain; chronic shoulder pain. Treatments to date include physical therapy; left ankle steroid injection 3-4 times; medications, which were helpful; transcutaneous electrical nerve stimulator unit which was helpful per 3.27.15 note but in the 6.26.15 note the provider indicates that transcutaneous electrical nerve stimulator is not working; home exercise program. In the progress note dated 6.26.15 the treating provider's plan of care includes requests to refill Lidopro cream; transcutaneous electrical nerve stimulator patch #2 pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "- adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.

TENS patches #2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation). 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. The

provided medical documentation supports the continued use of TENS in the treatment of the patient's pain and therefore the request is certified. Therefore, the requested treatment is medically necessary.