MAXIMUS Federal Services

Case Number:	CM15-0142504		
Date Assigned:	08/03/2015	Date of Injury:	09/12/2014
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/22/2015

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 is a 29-year-old male, who sustained an industrial injury on 9-12-14 Initial complaint a fall injury from a ladder resulting in pain and deformity of the left wrist. The injured worker was diagnosed as having left wrist-forearm pain; left distal radius comminuted intraarticular fracture. Treatment to date has included status post left distal radius fracture open reduction internal fixation with open carpal tunnel release (9-18-14); status post hardware removal (1-19-15); physical therapy; medications. Diagnostics studies included X-ray left wrist (9-12-14). Currently, the PR-2 notes dated 6-22-15 is hand written. The note indicated the injured worker complains of left wrist forearm pain at 4/10. He is a status post left distal radius fracture open reduction internal fixation with open carpal tunnel release of 9-18-14. He has the hardware removed from the left wrist on 1-19-15. The physical examination notes indicate the left wrist-forearm surgical scar is well-healed 6cm dorsally without edema or swelling. He is tender to palpation dorsally with decreased range of motion mild to moderately. He has no sensory deficits and the grip strength is 38kg on the left and 46 kg on the right. A recent detailed physical examination of the ear was not specified in the records specified. The provider is requesting authorization of TENS unit; LidoPro cream 121gm; Cortisporin Otic 1% #1 and physical therapy 4 sessions. The medication list include Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

One TENS unit: 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: One TENS unit, 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. 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 was not specified in the records provided. The medical necessity of the request for One TENS unit is not fully established for this patient.

One prescription of LidoPro cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Lidoderm (Lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

Decision rationale: One prescription of LidoPro cream 121 gm. Lidopro ointment contains capsaicin, lidocaine, menthol, and methyl salicylate. 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 medical necessity of the request for one prescription of LidoPro cream 121 gm is not fully established in this patient.

Cortisporin Otic 1% #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indications of drug neomycin and polymyxin B sulfates and hydrocortisone.

Decision rationale: Cortisporin Otic 1% #1. CORTISPORIN Otic Solution (neomycin and polymyxin B sulfates and hydrocortisone otic solution, USP) is a sterile antibacterial and anti-inflammatory solution for otic (ear) use. Each mL contains neomycin sulfate equivalent to 3. 5 mg neomycin base, polymyxin B sulfate equivalent to 10,000 polymyxin B units, and hydrocortisone 10 mg (1%). As per the cited guideline the FDA labeled indications of drug neomycin and polymyxin B sulfates and hydrocortisone (otic solution) includes: Infection of external auditory canal. Indications for the use of Cortisporin Otic 1% #1 was not specified in the records specified. Significant examination findings on physical examination of the ear that would require Cortisporin Otic 1% #1 were not specified in the records provided. A recent detailed physical examination of the ear was not specified in the records specified. The rationale for Cortisporin Otic 1% #1 was not specified in the records specified. The medical necessity of the request for Cortisporin Otic 1% #1 is not fully established for this patient.