

Case Number:	CM15-0143404		
Date Assigned:	08/04/2015	Date of Injury:	04/07/2009
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 53 year old female sustained an industrial injury on 4-07-09. She subsequently reported wrist pain. Diagnoses include sprain or strain of the wrist, bilateral carpal tunnel syndrome and peripheral neuropathy. Treatments to date include MRI testing, TENS therapy, injections, acupuncture, wrist surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain and bilateral hand pain. Upon examination, back and neck tenderness noted. She uses a cane to ambulate. There is moderate weakness and numbness in the bilateral hands. A request for Lidopro cream 121gm with 2 refill and Retrospective (dos 6/11/15), TENS patches, 2 pairs was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 6/11/15), TENS patches, 2 pairs: Upheld

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

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

Decision rationale: Retrospective (dos 6/11/15), TENS patches, 2 pairs is not medically necessary per the MTUS Guidelines. The guidelines state that 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation dated 2/26/15 states that the patient is using her TENS unit once a day and it is not helping much. The documentation does not indicate that prior TENS use has resulted in functional improvement or significant pain relief therefore the request for TENS patches is not medically necessary.

Lidpro cream 121gm with 2 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals & Topical Analgesics Page(s): 105 and 111-113.

Decision rationale: Lidopro cream 121gm with 2 refills is not medically necessary per MTUS guidelines. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS guidelines state that there is no current indication that an increase over a 0.025% formulation of Capsaicin would provide any further efficacy. Furthermore, topical lidocaine that is not in a patch form (whether creams, lotions or gels) is not indicated for neuropathic pain. The MTUS does support Ben Gay which contains menthol and methyl salicylate. Per the MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support Capsaicin or Lidocaine in this case. For these reasons, LidoPro ointment is not medically necessary.