

Case Number:	CM15-0163145		
Date Assigned:	08/31/2015	Date of Injury:	07/31/2014
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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: California

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

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 47 year old female who sustained an industrial injury on 7-31-2014. She was injured by repetitive arm movements as well as keeping her neck in a fixed position for prolonged periods of time to remove the wax from plastic and metal pieces. She has reported neck pain a 6-7 out of 10. Bilateral shoulder pain the left was a 5 out of 10 and the right was a 7 out of 10. The left hand was a 6 out of 10 and right hand pain was a 7 out of 10. Diagnoses include chronic cervical strain, bilateral carpal tunnel syndrome, bilateral shoulder rotator cuff syndrome, rule out rotator cuff tear, and rotator cuff tendinopathy with mild impingement as well as mild bicipital tendinopathy, no tear noted per MRI. Treatment has included medications, bracing, medical imaging, and physical therapy. Examination of the cervical spine revealed decreased range of motion. There was tenderness to the paraspinal and hypertonicity bilaterally. There was a positive Spurling's test. On examination of the left shoulder showed a positive Hawkin's and Neer's test. Subacromial space was tender in both shoulders. On examination of the bilateral wrist and hand revealed slight decreased range of motion with decreased sensation over the medial aspects bilaterally. There was positive Phalen's and Tinel's bilaterally. The treatment plan included medication and TENS unit. The treatment request included TENS unit and Diclofenac 3%, lidocaine 5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 30 day rental: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS unit rental, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, the patient is noted to have neuropathic pain despite prior treatment. In light of the above, the currently requested TENS unit rental is medically necessary.

Diclofenac 3%, lidocaine 5% cream 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for diclofenac/lidocaine cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested diclofenac/lidocaine cream is not medically necessary.