

Case Number:	CM15-0169453		
Date Assigned:	09/14/2015	Date of Injury:	01/10/2012
Decision Date:	10/21/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/28/2015

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, Illinois

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 injured worker is a 53 year old female, who sustained an industrial injury on 1-10-2012. Medical records indicate the worker is undergoing treatment for chronic left shoulder pain post left shoulder surgery, chronic cervical pain, chronic left ulnar neuritis, right ulnar neuritis, chronic lumbosacral sprain, migraine, depression and post syncopal episodes. A recent progress report dated 8-6-2015, reported the injured worker complained of left leg, low back, neck, left elbow and left shoulder pain. Physical examination revealed paracervical, parathoracic and paralumbar tenderness, "bilateral left sacroiliac tenderness" and bilateral trochanteric tenderness. Treatment to date has included Neurontin, Voltaren gel, Pamelor and Baclofen. The physician is requesting Lidoderm patches 5% #90 with 3 refills and TENS (transcutaneous electrical nerve stimulation) unit electrodes monthly on the Request for Authorization dated 8-6-2015. On 8-21-2015, the Utilization Review noncertified Lidoderm patches 5% #90 with 3 refills and TENS (transcutaneous electrical nerve stimulation) unit electrodes monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #90, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 1-10-2012. Medical records indicate the worker is undergoing treatment for chronic left shoulder pain post left shoulder surgery, chronic cervical pain, chronic left ulnar neuritis, right ulnar neuritis, chronic lumbosacral sprain, migraine, depression and post syncopal episodes. Treatments have included Neurontin, Voltaren gel, Nortriptyline, Pamelor and Baclofen. The medical records provided for review do not indicate a medical necessity for Lidoderm patches 5% #90, 3 refills. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. The medical records do not indicate the injured worker has failed treatment with antidepressants and anticonvulsants; besides the MTUS does not currently recommend Lidoderm patch for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The request is not medically necessary.

TENS unit electrodes (electrodes monthly): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The injured worker sustained a work related injury on 1-10-2012. Medical records indicate the worker is undergoing treatment for chronic left shoulder pain post left shoulder surgery, chronic cervical pain, chronic left ulnar neuritis, right ulnar neuritis, chronic lumbosacral sprain, migraine, depression and post syncopal episodes. Treatments have included Neurontin, Voltaren gel, Pamelor and Baclofen. The medical records provided for review do not indicate a medical necessity for TENS unit electrodes (electrodes monthly). The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENs unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guidelines recommend the use of two electrode unit rather than the four electrodes. Although the records reviewed indicate the injured worker benefited from previous use of TENs unit, the records did not include a documentation of short and long term goals, or how the machine was used, neither was there a documentation of ongoing functional restoration program. The request is not medically necessary.

