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| Case Number: | CM15-0188373 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 05/17/2013 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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: Massachusetts

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 38 year old female, who sustained an industrial injury on 05-17-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical degenerative disc disease, numbness and tingling, myofascial pain and joint pain in the hand. Medical records (04-06-2015 to 09-04-2015) indicate ongoing neck pain with radiating pain to both upper extremities, right shoulder pain, and bilateral wrist pain with numbness and tingling in both hands. Pain levels were 7 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW was able to return to work under modified duties. The physical exam, dated 09-04-2015, revealed tenderness to palpation, restricted range of motion in the right shoulder, cervical paraspinal muscle spasms, and positive Hawkin's and Neer's tests. There were no changes from previous exam dated 08-07-2015. Relevant treatments have included home exercise program (walk but cannot perform stretching exercises for the right shoulder due to pain), TENS (Transcutaneous Electrical Nerve Stimulation) unit, heating pad, self trigger point therapy, work restrictions, and medications (Lidopro cream). The request for authorization (09-04-2015) shows that the following equipment and medication were requested: TENS patches 2 pair, and Lidopro cream. The original utilization review (09-18-2015) non-certified the request for TENS patches 2 pair, and Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patch # 2 Pairs: Overturned

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 claimant sustained a work injury in May 2013 and is being treated for neck, right shoulder and bilateral wrist pain which was of gradual onset while working as a machine operator. When seen, pain was rated at 7/10. She was using TENS and performing a home exercise program, and self trigger point therapy. Medications were decreasing pain. Physical examination findings included cervical paraspinal muscle spasms. There was tenderness to palpation. There was decreased right shoulder range of motion with positive impingement testing. Naproxen, Lidopro, gabapentin, and omeprazole were treated. Two sets of TENS patches were dispensed. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a non-invasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1-3 months at a minimum. In this case, the claimant already uses TENS and the fact the pads need to be replaced is consistent with its continued use and efficacy. The quantity being prescribed is consistent with the guideline recommendation. The request is considered medically necessary.

Lidopro Cream: 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 claimant sustained a work injury in May 2013 and is being treated for neck, right shoulder and bilateral wrist pain which was of gradual onset while working as a machine operator. When seen, pain was rated at 7/10. She was using TENS and performing a home exercise program, and self trigger point therapy. Medications were decreasing pain. Physical examination findings included cervical paraspinal muscle spasms. There was tenderness to palpation. There was decreased right shoulder range of motion with positive impingement testing. Naproxen, Lidopro, gabapentin, and omeprazole were treated. Two sets of TENS patches were dispensed. Lidopro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Lidopro is not considered medically necessary.