

Case Number:	CM15-0188455		
Date Assigned:	09/30/2015	Date of Injury:	05/03/2013
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
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: Texas, New York, California
 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 applicant is a represented 39-year-old who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of May 3, 2015. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for topical LidoPro lotion and four TENS unit patches apparently prescribed and/or dispensed on or around September 14, 2015. The applicant's attorney subsequently appealed. On an RFA form dated September 14, 2015, Neurontin, Naprosyn, two TENS unit patches, and topical LidoPro were all endorsed. On an associated progress note dated September 14, 2015, the applicant reported ongoing complaints of neck, shoulder, and wrist pain, 4/10. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. Overall commentary was sparse. The attending provider seemingly stated that the TENS unit usage was beneficial, but did not elaborate further. On a physical therapy progress note dated March 31, 2015, it was acknowledged the applicant was not longer working and was unemployed as of this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121 ML DOS 9-14-15: 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): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - LIDOPRO-capsaicin, lidocaine hydrochloride <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=81000fe7FDA> Guidances & Info; NLM SPL Resources ... Capsaicin 0.0325%.

Decision rationale: No, the request for topical LidoPro was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine, is a capsaicin-lidocaine containing amalgam. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the primary ingredient in the LidoPro compound, is recommended only as a last line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Neurontin and Naprosyn effectively obviated the need for the capsaicin-containing LidoPro compound. Therefore, the request was not medically necessary.

Retro TENS Patches x 4 DOS 9-14-15: 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: Similarly, the request for TENS unit patches apparently prescribed and/or dispensed on September 14, 2015 was likewise not medically necessary, medically appropriate, or indicated here. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines notes that provision of a TENS unit on purchase basis and, by analogy, provision of the patches at issue, should be predicated on the favorable outcome during an earlier one-month trial of the same, beneficial benefits evident in terms of both pain relief and function. Here, however, the attending provider did not identify clear, concrete, or material improvements in function effected as a result of ongoing TENS unit usage. The applicant was not seemingly working with permanent limitations in place. The historical progress note of March 31, 2015 acknowledged that the applicant was in fact unemployed as of that point in time. Ongoing usage of the TENS unit failed to curtail the applicant's dependence on a variety of oral pharmaceuticals to include Naprosyn and Neurontin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.