

Case Number:	CM15-0193322		
Date Assigned:	10/07/2015	Date of Injury:	05/04/2013
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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: Emergency 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 64 year old male, who sustained an industrial-work injury on 5-14-13. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain and sprain, thoracic strain and sprain, headache, displacement of cervical intervertebral disc and right ankle pain status post surgery. Treatment to date has included pain medication, Lidopro cream since at least 9-12-15, physical therapy at least 18 sessions, acupuncture, transcutaneous electrical nerve stimulation (TENS) psyche care and other modalities. Medical records dated 9-12-15 indicate that the injured worker complains of intermittent dizziness and headaches, frequent neck and upper back pain, right ankle pain status post-surgery 2-27-15 and occasional depression. The pain is rated 6-7 out of 10 on the pain scale. The current medications included Tylenol #3, Omeprazole, and Bupropion. Per the treating physician, report dated 9-12-15 the injured worker is to return to trial of full duty. The physical exam dated 9-12-15 reveals limited cervical range of motion with hyperextension, limited right shoulder range of motion, cervical and thoracic tenderness to palpation, cervical pain with movements, and right shoulder pain with movements. There is right ankle pain at limits with ranges of motion, decreased strength and tenderness to palpation. The request for authorization date was 9-12-15 and requested services included Retro Compound Lidopro Topical Analgesic Cream, Retro Transcutaneous electrical nerve stimulation (TENS) Unit Patches, Ultrasound Treatment of Cervical Spine, and Retro Paraffin Bath Treatment Right Ankle. The original Utilization review dated 9-24-15 non-certified the request for Retro Compound Lidopro Topical

Analgescic Cream, Retro Transcutaneous electrical nerve stimulation (TENS) Unit Patches, Ultrasound Treatment of Cervical Spine, and Retro Paraffin Bath Treatment Right Ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Compound Lidopro Topical Analgesic Cream: Upheld

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

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

Decision rationale: The request is for the use of topical lidocaine. The MTUS guidelines state the following: Lidocaine Indication: Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, as stated above, the patient does not meet the criteria for use of this product in this formulation. There is a requirement of documentation of a first-line therapy trial prior to use of a lidocaine dermal patch. There is also no other commercially approved topical formulations of lidocaine indicated for neuropathic pain other than Lidoderm. As such, the request is not medically necessary.

Retro TENS Unit Patches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)/TENS.

Decision rationale: The request is for the use of transcutaneous electrical nerve stimulation to aid in pain relief. The official disability guidelines state the following regarding this topic: not recommended as a primary treatment modality, but a one-month home-based TENS trial for neck pain may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Outcomes compared to placebo are not proven in use for whiplash-associated disorders, acute mechanical neck disease, or chronic neck disorders with radicular findings, as evidence is conflicting. There is very low quality evidence that transcutaneous electrical nerve stimulation (TENS) is more effective than placebo. Current

evidence for TENS shows that this modality might be more effective than placebo but no other interventions. For an overview and treatment of other conditions, see the Pain Chapter. In this case, the use of TENS is not guidelines-supported. This is secondary to very low quality evidence of effectiveness for the patient's condition. As such, the request is not medically necessary.

Ultrasound Treatment of Cervical Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back (Acute & Chronic)/Ultrasound, therapeutic.

Decision rationale: The request is for the use of an ultrasound to the neck for therapeutic purposes. The official disability guidelines state the following regarding this topic: Under study. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. In this case, the use of this physical modality is not guideline-supported. This is secondary to poor quality clinical evidence of effectiveness for pain relief and functional restoration. As such, the request is not medically necessary.

Retro Paraffin Bath Treatment Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: The request is for the use of a paraffin bath to aid in ankle pain relief. The ACOEM guidelines state the following regarding the use of physical methods: Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute ankle or foot symptoms, although some are used commonly in conjunction with an active therapy program, such as therapeutic exercise. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of these therapies. Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. In particular, iontophoresis and phonophoresis have little or no proven efficacy in treating foot and ankle complaints. In this case, the use of this treatment modality is not guideline-supported. This is secondary to inadequate scientific evidence of effectiveness for the patient's condition. As such, the request is not medically necessary.