MAXIMUS Federal Services

Case Number:	CM15-0020600		
Date Assigned:	02/10/2015	Date of Injury:	12/01/2005
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on 12/1/05. He has reported low back pain. The diagnoses have included low back pain and lumbar/lumbosacral disc degeneration. Treatment to date has included oral medications and TENS unit. (MRI) magnetic resonance imaging of lower spine on 7/18/13 revealed L5-S1 left herniated nucleus pulpous with degenerative disc disease at L3-L5. Currently, the injured worker complains of low back pain and not receiving medications. Physical exam dated 1/15/15 noted pain was mostly in right lumbar area/muscle tightness and the back is stable. On 1/23/15 Utilization Review non-certified TENS unit electrodes #, noting a report dated 5/9/11 noted the injured worker had failed conservative treatment including TENS unit and there is no evidence of functional improvement noted with the TENS unit and Emla Cream 2.5-2.5% with 2 refills, noting the lack of sufficient documentation to support recommendation. The MTUS, ACOEM Guidelines, was cited. On 2/2/15, the injured worker submitted an application for IMR for review of TENS unit electrodes #8 and Emla Cream 2.5-2.5% with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, and chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request is not medically necessary. A trial of TENS unit is reasonable as an adjunct to a functional restoration program when other conservative appropriate pain modalities have failed. The patient has used a TENS unit without documented improvement in functional capacity and pain. As per MTUS guidelines, TENS "does not appear to have an impact on perceived disability or long-term pain" in the management of chronic low back pain. There is no clear reason to recommend continued use of the TENS unit and therefore, TENS unit electrodes at this time. The request is considered not medically necessary.

Emla cream 2.5-2.5% with 2 refills, apply to affected area as needed for pain up to 4 times per day: Upheld

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

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

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient was not diagnosed with neuropathic pain and there was no documentation of improvement in pain and function. There were no documented goals of treatment. The patient was on oral medications, which provided some relief so he was able to tolerate oral medications. Topical analgesics are reasonable options of pain relief when oral medications are not tolerated. Therefore, the request is considered not medically necessary.