

Case Number:	CM15-0029006		
Date Assigned:	02/24/2015	Date of Injury:	01/13/1993
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: Physical Medicine & Rehabilitation

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 female, with a reported date of injury of 01/13/1993. The diagnoses include neck pain. Treatments included a transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and medications. The narrative report dated 01/12/2015 indicates that the injured worker used a home H-wave unit at no cost for evaluation purposes from 11/20/2014 to 01/07/2015. She reported the ability to perform more activity and greater overall function due to the use of the H-wave device. The injured worker stated that the unit helped a lot with low back pain. The treating physician requested the purchase of a home H-wave device, two times per day at 30-60 minutes per treatment as needed to reduce and/or eliminate pain, to improve functional capacity and activities of daily living, to reduce or prevent the need for oral medications, to improve circulation and decrease congestion in the injured region, to decrease or prevent muscle spasm and muscle atrophy, and to provide a self-management tool to the patient; and topical Lidocaine jelly 2% for thirty days. On 01/20/2015, Utilization Review (UR) denied the request for the purchase of an H-wave/indefinite use and topical Lidocaine jelly 2% for 30-day supply #30. The UR physician noted that there was no indication that the injured worker was currently participating in a program of evidence-based functional restoration; and there was no evidence of functional improvement. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 H-Wave purchase for indefinite use (DME): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Trial periods of more than one month should be justified by documentation submitted for review; however, the patient is without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this chronic injury. There is no documented failed trial of TENS unit, PT treatment, nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The patient's functional status has remained unchanged. The 1 H-Wave purchase for indefinite use (DME) is not medically necessary and appropriate.

Topical Lidocaine Jelly 2% for 30 day supply, Quantity of 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. Topical Lidocaine Jelly 2% for 30 day supply, Quantity of 30 is not medically necessary and appropriate.