

Case Number:	CM15-0212462		
Date Assigned:	11/02/2015	Date of Injury:	04/06/2015
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/28/2015

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: Florida

Certification(s)/Specialty: Neurology, 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:

This is a 55-year-old female with a date of industrial injury 4-6-2015. The medical records indicated the injured worker (IW) was treated for left knee pain, status post arthroscopic surgery and sprain-strain of the lumbar spine. In the progress notes (8-10-15), the IW reported intermittent, moderate left knee pain. On examination (8-10-15 notes), the surgical knee wounds were clean and dry and the extremity was neurologically intact. Left knee range of motion was 5 to 90 degrees. By 9-22-15, her left knee pain was slightly better and left knee range of motion was 0 to 130 degrees with 4 out of 5 strength. On 10-13-15, she reported pain of 6 to 7 out of 10, stiffness and increased pain with prolonged standing and walking. In that examination, range of motion of the left knee was decreased and there was tenderness and mild swelling; deep tendon reflexes were 2+ and power was decreased at 3 out of 5. The lumbar spine was tender to palpation and flexion was reduced. Treatments included physical therapy, NSAIDs, left knee arthroscopy 8-4-15 and home exercise program. The IW was on modified work status. The records did not mention successful response to use of a TENS unit during therapy. There also was no documentation of a failed trial of antidepressant or anti-convulsant medications prior to the Lidoderm prescription. A Request for Authorization was received for a TENS unit (indefinite use) and Lidopro 121 grams. The Utilization Review on 10-20-15 non-certified the request for a TENS unit (indefinite use) and Lidopro 121 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (unknown if rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: MTUS guidelines support TENS trial for treatment of pain and continued use where there is documentation of pain and functional benefit. The medical records do not report benefit of the TENS unit by the insured or indicate intent for trial. As such the medical records do not support TENS unit. Therefore the request is not medically necessary.

LidoPro 121 grams: 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: Treatments included physical therapy, NSAIDs, left knee arthroscopy 8-4-15 and home exercise program. The IW was on modified work status. The records did not mention successful response to use of a TENS unit during therapy. There also was no documentation of a failed trial of antidepressant or anti-convulsant medications prior to the Lidoderm prescription. The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore the request is not medically necessary.