

Case Number:	CM15-0213366		
Date Assigned:	11/03/2015	Date of Injury:	02/16/2011
Decision Date:	12/14/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/29/2015

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: 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 injured worker is a 43-year-old male with a date of injury on 02-26-2011. The injured worker is undergoing treatment for lumbar sprain-strain, cervical sprain-strain, thoracic sprain-strain and lumbosacral neuritis or radiculitis. A physician progress note dated 10-14-2015 documents the injured worker came in for a depression screen. He is still feeling hopelessness, worthlessness, has too much sleep and is positive for anhedonia for more than 6 months. He complains of low back pain, a throbbing migraine and he rates his pain as an 8 out of 10. His pain at its best is rated 3 out of 10 and at its worst, it is 8 out of 10. He has a normal gait. Mood is depressed. There is tenderness to palpation to the lumbar area. Treatment to date has included diagnostic studies, medications, use of a Transcutaneous Electrical Nerve Stimulation Unit, Chiropractic sessions, Acupuncture, status post laminotomy, and epidural steroid injections. Current medications include Lexapro, Sumatriptan, Lidopro creams, Naproxen, and Omeprazole. The treatment plan includes continuing his medications, use of a Transcutaneous Electrical Nerve Stimulation unit, his home exercise program and a follow up visit in one month. The Request for Authorization dated 10-14-2014 includes LidoPro 121ml topical, cervical and lumbar spine and TENS patches 2 pair x 2, Lexapro, Sumatriptan, Naproxen, LidoPro 121ml topical and Omeprazole. On 10-22-2-15 Utilization Review non-certified the request for LidoPro 121ml topical, cervical and lumbar spine and TENS patches 2 pair x 2. Medications and supplies are office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 121ml topical, cervical and lumbar spine: 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: MTUS Guidelines are very specific that only FDA/Guideline approved agents/delivery systems are recommended and any compound including an agent or application that is not supported is not recommended. The Guidelines are very specific that if there is a qualifying condition for topical Lidocaine the only recommended form is Lidoderm Patches. The use of various creams and ointments containing lidocaine are not recommended due to unnecessary risks. There are no unusual circumstances to justify an exception to Guideline recommendations. The LidoPro 121ml topical, cervical and lumbar spine is not supported by Guidelines and is not medically necessary.

TENS patches 2 pair x 2: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/TENS.

Decision rationale: Guidelines have very specific criteria to support the use of TENS units for chronic pain. These criteria include a 30-day home trial with documentation of use patterns and benefits. They also include ongoing evidence of an active rehabilitation program. These criteria are not met in the records reviewed. There is neither documentation of the pattern of use, the amount and length of pain relief, nor any functional benefits secondary to its use. Under these circumstances, the TENS patches 2 pair x 2 are not supported by Guidelines and are not medically necessary.