MAXIMUS Federal Services

Case Number:	CM15-0215275		
Date Assigned:	11/05/2015	Date of Injury:	04/26/2014
Decision Date:	12/18/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, Florida, 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:

This is a 73-year-old female with a date of industrial injury 4-26-2014. The medical records indicated the injured worker (IW) was treated for right medial meniscus tear. The 7-13-15 and 8-16-15 progress notes stated the IW's pain was 8 out of 10 in the right knee. The notes stated TENS unit was helpful "when she uses it", but relief "disappears quickly". The notes also stated "Lidopro cream did not help much". In the progress notes (9-30-15), the IW reported pain in her right knee rated 7 out of 10, which was affecting her upper body for the past several months. She saw a pain management doctor for chronic back pain. On examination (8-16-15 and 9-30-15 notes), there was moderate tenderness in the medial aspect of the right knee. Range of motion was 0 to 90 degrees. She used a cane for ambulation; she had a slow, shuffling gait. Treatments included TENS and Lidopro cream. The IW was temporarily totally disabled. The treatment plan included additional patches for TENS use and Lidopro cream; a consult with an orthopedist for the right knee was pending. A Request for Authorization dated 9-30-15 was received for TENS patches (2 pairs), Lidopro cream 121 ml and TENS patches (2 pairs). The Utilization Review on 10-7-15 non-certified the request for TENS patches (2 pairs), Lidopro cream 121 ml and TENS patches (2 pairs).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches x2 pairs: Upheld

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

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

Decision rationale: This claimant was injured in 2014 with a right medial meniscus tear. The notes stated TENS unit was helpful "when she uses it", but relief "disappears quickly". The notes also stated "Lidopro cream did not help much". The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. As the TENS is not supported, supplies to support the TENS, like these patches, are unnecessary. The request is not medically necessary.

TENS patches x2 pairs: Upheld

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

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

Decision rationale: As shared previously, this claimant was injured in 2014 with a right medial meniscus tear. The notes stated TENS unit was helpful "when she uses it", but relief "disappears quickly". The notes also stated "Lidopro cream did not help much". The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. As the TENS is not supported,

supplies to support the TENS, like these patches, are unnecessary. The request is not medically necessary.

Lidopro cream 121ml: Upheld

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

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

Decision rationale: This claimant was injured in 2014 with a right medial meniscus tear. The notes stated TENS unit was helpful "when she uses it", but relief "disappears quickly". The notes also stated "LidoPro cream did not help much". LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. Further, the claimant notes the LidoPro was not that effective. The request is not medically necessary.