

Case Number:	CM15-0033127		
Date Assigned:	03/02/2015	Date of Injury:	02/01/2011
Decision Date:	04/10/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old female, who sustained an industrial injury on February 1, 2011. She reported an injury after tripping and twisting her right knee and right ankle. The diagnoses have included right ankle sprain, right knee sprain, right ankle peroneus longus tendinosis. Treatment to date has included acupuncture, aquatherapy, TENS unit, medication, modified work duties and diagnostic studies. Currently, the injured worker complains of intermittent right knee pain which she rates a 5-6 on a 10-point scale. The pain is worse when going up and down stairs. She reports no numbness or giving way of the knee. She reports that the TENS unit is helping with the pain and acupuncture has helped as well. On examination, the injured worker has an antalgic gate and an improved range of motion of the left ankle. There is tenderness to palpation over the quadriceps tendon and internal joint line of the knee. There is minimal weakness of the quadriceps mechanism and she has 4/5 strength. All maneuvers are negative. There is a mild decrease in sensation along the peroneus longus territory. On January 29, 2015 Utilization Review non-certified a request for TENS electrodes x 2 and Lidopro 120 grams, noting that there is no documentation of failed trials of first-line recommendations of oral antidepressants and anticonvulsants and there is no evidence of oral pain medications are insufficient to alleviate pain; and noting that the documentation does not indicate the injured worker's response to prior use of TENS unit, whether the injured worker attained measurable objective and functional improvements attributed to TENS unit resulting in improvement in work status and it is unclear whether the unit is being used as an adjunct to a program of evidence-based functional restoration. The California Medical Treatment Utilization Schedule was cited.

On February 23, 2015, the injured worker submitted an application for IMR for review of TENS electrodes x 2 and Lidopro 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121 gm: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Based on the above Lido Pro is not medically necessary.

TENS Electrodes x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. The provider did not document if TENS did improve the functional status and the patient's pain condition. It is unclear whether the unit is being used as an adjunct to a program of evidence-based functional restoration. Therefore, the request for TENS Electrodes x 2 is not medically necessary.