

<b>Case Number:</b>	CM15-0034659		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	09/17/1997
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Family Practice

### 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 49 year old female, who sustained an industrial injury on 09/17/1997. On provider visit dated 01/27/2015 the injured worker has reported back pain. The diagnoses have included low back pain, chronic SI joint pain and chronic pain syndrome. Treatment to date has included physical therapy, injections, TENS unit and medications. On examination she was noted to have tenderness over the bilateral sacroiliac joints, positive Gaenslen's, Faber's test and Gillet's test bilaterally and negative straight leg raise. Treatment plan included TENS unit supplies and refill of Lidoderm patches. On 02/06/2015 Utilization Review non-certified 3 months TENS unit supplies and 1 prescription of Lidoderm 5% patch #90. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 months TENS unit supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** This patient receives treatment for chronic low back pain dating back to 1997. The current diagnoses include low back pain, sacroiliac joint pain, and lower extremity numbness and tingling, intermittent and non-specific. In 2013 electrodiagnostic studies of the lumbar spine were normal. There is no documentation that the TENS therapy restores the patient's level of functioning. In addition the treatment guidelines state there is some medical evidence supporting the use of TENS in certain specific diagnoses. These include spasticity from spinal cord lesions or trauma, phantom limb pain, and some types of peripheral neuropathy. The patient does not have any of these entities. TENS treatment is not medically indicated for this patient.

**1 prescription of Lidoderm 5% patch #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 114-117.

**Decision rationale:** This patient receives treatment for chronic low back pain dating back to 1997. The current diagnoses include low back pain, sacroiliac joint pain, and lower extremity numbness and tingling, intermittent and non-specific. In 2013 electrodiagnostic studies of the lumbar spine were normal. This review covers a request for the Lidoderm patch. The guidelines state the topical Lidocaine has a very narrow recommendation in treating chronic pain. It may be medically indicated after a trial of an SSRI, AED, or tricyclic to treat a peripheral neuropathy. The patient doesn't have that. Lidoderm is not medically indicated.