

Case Number:	CM15-0035057		
Date Assigned:	03/25/2015	Date of Injury:	11/22/2004
Decision Date:	05/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on November 22, 2004. The injured worker had reported a low back injury. The diagnoses have included lumbar degenerative disc disease, lumbosacral or thoracic neuritis, sacroiliac strain and chronic pain. Treatment to date has included medications, a home exercise program and a transcutaneous electrical nerve stimulation unit. Current documentation dated January 10, 2015 notes that the injured worker complained of intermittent low back pain with associated numbness. The injured worker reported that his bilateral elbow pain had improved. The injured workers current medication regime improves his pain by fifty percent and allows him to work full time and keep his current function. Physical examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles and a decreased range of motion. The injured worker also had a negative Cozen test in the left upper extremity. The treating physician's recommended plan of care included a prescription for Lidopro cream 121 gm and two prescriptions for transcutaneous electrical nerve stimulation unit patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Lidopro cream 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications; Capsaicin, topical; Lidocaine, topical; Salicylate topicals; Non Steroidal Anti Inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with intermittent low back pain and bilateral elbow pain, rated 4/10. The request is for prescription for lidopro cream 121gm. The RFA provided is dated 01/10/15 and the date of injury is 11/22/04. The diagnoses have included lumbar degenerative disc disease, lumbosacral or thoracic neuritis, sacroiliac strain and chronic pain. The patient's medications include Lidopro cream, Naproxen, Omeprazole and TENS patch. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per 01/10/15 report, treater has requested for "a trial of Lidopro ointment for topical analgesic." In this case, Lidopro topical cream contains Lidocaine and MTUS does not support any formulation of Lidocaine other than a patch. The request for Lidopro topical IS NOT medically necessary.

2 prescription for TENS patches: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS; Chronic Intractable pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 114-116.

Decision rationale: The patient presents with intermittent low back pain and bilateral elbow pain, rated 4/10. The request is for 2 prescription for tens patches. The RFA provided is dated 01/10/15 and the date of injury is 11/22/04. The diagnoses have included lumbar degenerative disc disease, lumbosacral or thoracic neuritis, sacroiliac strain and chronic pain. The patient's medications include Lidopro cream, Naproxen, Omeprazole and TENS patch. Prime Dual Neurostimulator is a proprietary combined TENS and EMS stimulation unit. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." In regard to the request for this patient to receive additional electrodes for her home-use TENS unit, the request appears reasonable. Progress notes provided consistently document that this patient uses a TENS unit at home with good results, with mention of unit efficacy/use going back as far as 2012. Owing to established long term use and efficacy of this device at home, the issuance of an additional pair of TENS electrodes is appropriate. The request IS medically necessary.

