

Case Number:	CM15-0035658		
Date Assigned:	03/04/2015	Date of Injury:	07/14/1998
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, 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 66 year old female, who sustained a work/ industrial injury on 7/14/98. She has reported symptoms of persistent upper and lower back pain, right wrist, bilateral knee pain. Prior medical history was not documented. The diagnoses have included bilateral wrist pain with carpal tunnel syndrome, chronic low back pain, chronic left knee pain, and chronic right shoulder pain. Treatments to date included medication, radiofrequency ablations, and acupuncture. Diagnostics included Nerve conduction studies for right carpal tunnel syndrome. Medications included Voltaren gel, Lidoderm patches, Zanaflex, and Elavil. The treating physician's report (PR-2) from 1/17/15 indicated the injured worker doing well with the pain medication regimen and reported 5/10 pain. There was tenderness to palpation of the thumb and index finger portion of her bilateral hands, negative Tinel's sign, and negative Finkelstein's test. Plan was to refill medication to include Lidoderm patch and Transcutaneous Electrical Nerve Stimulation (TENS) unit pads (4 pads in each set) and to reevaluate in 2 months. On 2/11/15, Utilization Review non-certified Lidoderm patch #240, citing the California Medical treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines. On 2/11/15, Utilization Review non-certified a TENS unit pads #8, noting Non- MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The claimant had been on the Lidoderm for over a year. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

TENS unit pads #8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use had already exceeded a year. The continued use of a TENS unit is not medically necessary and therefore the TENS pads are not necessary.