

Case Number:	CM15-0037226		
Date Assigned:	03/10/2015	Date of Injury:	01/25/1995
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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: Connecticut, California, Virginia
 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:

The injured worker is a 60 year old male who sustained an industrial injury on 1/25/1995. On 2/27/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker has a past medical history significant for chronic back and neck pain and in the office for medication refills. The diagnoses have included lumbar or lumbosacral disc degeneration; chronic pain syndrome; lumbar radiculopathy; cervical radiculopathy; right rotator cuff tear. Treatment to date has included MRI Lumbar (4/18/95); cervical spine MRI (1/7/2000); MRI shoulder (9/20/01). A Utilization Review was completed on 2/12/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Analog, TENS Unit Year Bundles, TENS Unit Belt: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS)/ Transcutaneous electrotherapy Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: With respect to chronic pain and according to the MTUS, 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 conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications, which it appears have been effective in this patient). In this case the patient appears to have degenerative disease rather than a neuropathic condition, and has not been diagnosed with a condition where use of TENS has shown proven benefit. Therefore at this time and based on the provided records, the request for TENS treatment cannot be considered medically necessary.

Medi Patches with Lidocaine Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57.

Decision rationale: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or Antiepileptics/neuroleptics such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment and without further documentation to support failure at first-line treatments with greater evidence-based efficacy in treatment, the request for topical lidocaine at this time cannot be considered medically necessary.