

<b>Case Number:</b>	CM15-0037827		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	03/11/2009
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 41 year old, female patient, who sustained an industrial injury on 03/11/2009. An initial orthopedic examination dated 04/04/2014 showed the patient having had undergone two courses of physical therapy and injections to the right knee. She currently has subjective complaint of pain and pressure in the right knee. She has a feeling of instability and swelling that occurs every two weeks. At times, the pain is extreme. She has been taking NSAIDS, but still has clicking of the knee with movement. A radiologic diagnostic imaging performed on 12/01/2014 showed no fracture or malalignment of pelvis. A request was made for an electric heating pad, a transcutaneous electric nerve conduction unit patches, two pair and LidoPro topical cream. On 02/13/2015, Utilization Review, non-certified the request, noting the CA MTUS/ACOEM ODG, at home application, chronic pain, transcutaneous electrical nerve stimulator and Lidopro were cited. The injured worker submitted an application for independent medical review of services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric Heating Pad:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Col/heat packs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, has the following regarding heat therapy.

**Decision rationale:** The patient presents with unrated right knee pain, right shoulder pain, lower back pain, and pelvic discomfort. The patient's date of injury is 03/11/09. Patient is status post unspecified injections to the right knee. The request is for ELECTRIC HEATING PAD. The RFA is dated 02/06/15. Physical examination dated 02/06/15 documents pain elicitation on range of motion of the right knee. No other positive physical findings are included. The patient is currently prescribed Fenoprofen and Lidopro gel. Diagnostic imaging included MRI of the right knee dated 02/25/14, significant findings include: "Tear of the posterior aspect of the anterior horn of the medial meniscus... Type I signal consistent with degenerative changes of the lateral meniscus anterior cruciate ligament appears somewhat irregular in contour consistent with partial tear." An MRI of the right shoulder dated 10/07/14 was also included: "Tendinosis of the infraspinatus greater than the supraspinatus tendon with small cyst located between the supraspinatus and infraspinatus musculotendinous junctions. Mild tendinosis of the subscapularis tendon." Per 02/06/15 progress note, patient is advised to return to work ASAP. ODG Low Back Chapter has the following regarding heat therapy, "Recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain". ODG further states, "Active warming reduces acute low back pain during rescue transport. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control." ODG also supports heat as a method of pain reduction for knee complaints, also. In regard to the request for an electric heat pad for this patient's continuing lower back and knee pain, the request appears reasonable. There is no documentation that this patient has received an electric heat pad to date. This patient presents with continuing knee and lower back pain which has so far been unresponsive to conservative therapies such as medications. The issuance of a heat pad for use on these areas could reduce this patient's pain and increase function. Therefore, the request IS medically necessary.

**TENS x 2/TENS patch x 2 (pairs):** Overturned

**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 TENS Page(s): 114-116.

**Decision rationale:** The patient presents with unrated right knee pain, right shoulder pain, lower back pain, and pelvic discomfort. The patient's date of injury is 03/11/09. Patient is status post unspecified injections to the right knee. The request is for TENS X2/TENS PATCH X2 - PAIRS. The RFA is dated 02/06/15. Physical examination dated 02/06/15 documents pain elicitation on

range of motion of the right knee. No other positive physical findings are included. The patient is currently prescribed Fenoprofen and Lidopro gel. Diagnostic imaging included MRI of the right knee dated 02/25/14, significant findings include: "Tear of the posterior aspect of the anterior horn of the medial meniscus... Type I signal consistent with degenerative changes of the lateral meniscus anterior cruciate ligament appears somewhat irregular in contour consistent with partial tear." An MRI of the right shoulder dated 10/07/14 was also included: "Tendinosis of the infraspinatus greater than the supraspinatus tendon with small cyst located between the supraspinatus and infraspinatus musculotendinous junctions. Mild tendinosis of the subscapularis tendon." Per 02/06/15 progress note, patient is advised to return to work ASAP. 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 07/11/14. 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.

**Lidopro Cream 121gm:** Upheld

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

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

**Decision rationale:** The patient presents with unrated right knee pain, right shoulder pain, lower back pain, and pelvic discomfort. The patient's date of injury is 03/11/09. Patient is status post unspecified injections to the right knee. The request is for LIDOPRO CREAM 121GM. The RFA is dated 02/06/15. Physical examination dated 02/06/15 documents pain elicitation on range of motion of the right knee. No other positive physical findings are included. The patient is currently prescribed Fenoprofen and Lidopro gel. Diagnostic imaging included MRI of the right knee dated 02/25/14, significant findings include: "Tear of the posterior aspect of the anterior horn of the medial meniscus... Type I signal consistent with degenerative changes of the lateral meniscus anterior cruciate ligament appears somewhat irregular in contour consistent with partial tear." An MRI of the right shoulder dated 10/07/14 was also included: "Tendinosis of the infraspinatus greater than the supraspinatus tendon with small cyst located between the supraspinatus and infraspinatus musculotendinous junctions. Mild tendinosis of the subscapularis tendon." Per 02/06/15 progress note, patient is advised to return to work ASAP. The MTUS has the following regarding topical creams p111, chronic pain section: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." In regard to the request for Lidopro cream for this patient's chronic pain, the active ingredient in this cream Lidocaine is not supported in this form. MTUS guidelines only support Lidocaine in patch form, not cream form. Lidocaine is also only indicated for pain with a neuropathic component. This patient presents with chronic knee pain secondary to joint degeneration and meniscal tear; not localized neuropathic pain amenable to topical Lidocaine. Furthermore, the treater does not specify where this cream is to be applied. Therefore, the request IS NOT medically necessary.