

Case Number:	CM15-0065611		
Date Assigned:	04/13/2015	Date of Injury:	01/03/2005
Decision Date:	07/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
 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 applicant is a represented 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 3, 2005. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for an H-Wave device, Lidoderm patches, Motrin, and a flurbiprofen-lidocaine containing cream. The claims administrator referenced progress notes of March 17, 2015 and February 4, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated April 2, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant was apparently using an H-Wave device at this point. The applicant was using Lidoderm and Celebrex as well, it was reported. The applicant was also using a topical compounded cream and a back brace, in addition to the H-Wave device, it was reported toward the top of the report. The applicant's pain complaints were highly variable and fluctuated between 2-7/10, it was acknowledged. The applicant's medication list, toward the bottom of the report, included Percocet, a topical compound, Lidoderm patches, Motrin, Celebrex, Robaxin, and Kadian, it was acknowledged. Multiple medications were renewed. The applicant had apparently been doing permanent work restrictions per a medical-legal evaluator. The applicant was no longer working and had been laid off, it was suggested in one section of the note, while another section of the note stated that the applicant was taking an alternate job in a satellite office. In an earlier note dated January 7, 2015, it was again stated that the applicant had been laid off at one point and had started a full-time job in another role in January 2014. Permanent work restrictions had been imposed by a medical-legal evaluator, it was stated. The last reports of the applicant's work status, thus, were quite dated. The applicant was ultimately given renewals of Percocet, Motrin, Lidoderm patches, and topical compounds. The applicant was

using an H-Wave device as of this point in time, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit & supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 118.

Decision rationale: No, the request for continued usage of an H-Wave device on either a purchase or rental basis was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device beyond one month should be justified by documentation submitted for review, with evidence of a favorable outcome in terms of both pain relief and function. Here, however, it did not appear that earlier usage of H-Wave device had in fact generated favorable outcomes in terms of either pain relief or function. The applicant's work status was not clearly reported on multiple office visits, referenced above. Permanent work restrictions were, however, seemingly renewed, unchanged, from visit to visit. Ongoing usage of the H-Wave device failed to curtail the applicant's dependence on opioid agents such as Percocet and Kadian and/or non-opioid agents such as Robaxin, Motrin, and/or Celebrex. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the H-Wave device. Therefore, the request for continued usage of the same, whether on a rental or purchase basis, was not medically necessary.

Lidocaine 5% patches #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, neither progress note of January 7, 2015 nor April 2, 2015 specifically outlined the failure of antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.

Motrin 600mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Motrin was likewise not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as “other medications” into his choice of pharmacotherapy. Here, however, the attending provider did not clearly state or clearly establish why the applicant was using two separate NSAID medications, Motrin and Celebrex. Therefore, the request was not medically necessary.

Flurbiprofen/Lidocaine cream: 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 Analgesics Page(s): 111-112.

Decision rationale: Finally, the request for a flurbiprofen-lidocaine containing compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to utilize topical NSAIDs such as flurbiprofen, the primary ingredient in the compound, for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was the lumbar spine, i.e., a body part for which there is "little evidence" to utilize topical NSAIDs such as flurbiprofen. Since the flurbiprofen component of the amalgam is not recommended, the entire amalgam is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.