

<b>Case Number:</b>	CM15-0082623		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	11/15/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 36 year old male, who sustained an industrial injury on 11/15/2014. He reported injury to his right knee after a fall while coming down a ladder. The injured worker was diagnosed as having right knee pain, status post fall, with associated low back pain because of altered gait mechanics. Treatment to date has included diagnostics, chiropractic, and medications. On 3/06/2015 (Doctor's First Report of Occupational Injury or Illness), the injured worker complains of right knee pain, with associated low back pain. Overall his pain was rated 8/10 and was made worse with any prolonged repetitive activities. He reported that pain radiates from his right knee all the way down to the back, with numbness. Motor and sensation were intact. He was dispensed Naprosyn and Lidopro. Work status was modified but he had reported that he had been let go from work. Right knee x-ray and magnetic resonance imaging of the right knee (3/20/2015) were submitted. On 4/06/2015, he continued to report right knee and low back pain, rated 8/10. It was documented that nonsteroidal anti-inflammatory drugs did not provide enough pain control and he was not authorized to receive Tylenol #3 and Relafen. He had been using Diclofenac (not helpful) and Lidopro ointment (helpful relieving some of his pain). Exam noted tenderness along the lateral and medial aspect of the joint line and positive McMurray's sign. He was documented to have pain with limitations in mobility. Transcutaneous electrical nerve stimulation unit trial was noted on this day, with reported reduction in pain (unspecified). Lidopro ointment was refilled and transcutaneous electrical nerve stimulation unit with patches dispensed. His work status remained modified, but he was not working due to employer unable to accommodate restrictions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retro Request Lidopro Cream 121 Gram DOS 4/6/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

**Decision rationale:** Lidopro is a combination of capsaicin / lidocaine / menthol / methyl salicylate. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to significant reduction in pain or improvement in functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical lidopro in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore, the request is not medically necessary.

### **Retro Request TENS Unit for Trial DOS 4/6/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113-117.

**Decision rationale:** Per the guidelines, a TENS or inferential 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, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit for trial is not substantiated. Therefore, the request is not medically necessary.

### **Retro Request Unknown TENS Patches DOS 4/6/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113-117.

**Decision rationale:** Per the guidelines, a TENS or inferential 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, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit patches is not substantiated. Therefore, the request is not medically necessary.