

Case Number:	CM15-0085476		
Date Assigned:	05/08/2015	Date of Injury:	01/17/2012
Decision Date:	07/08/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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, Hawaii

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 72-year-old female who sustained an industrial injury on 01/17/2012 when she slipped on something that fell from a tree. The injured worker was diagnosed with right femoral neck fracture, right hip internal derangement, lumbar sprain/strain, lumbar facet joint pain, lumbar stenosis and right knee pain. The injured worker has a medical history of diabetes mellitus. The injured worker underwent a right total hip replacement on January 18, 2012, lumbar fusion and right knee meniscal surgery times 2 in 2005. The injured worker is currently authorized for another right hip surgery extension notice. The surgery was placed on hold secondary to the injured worker having a wedge resection and biopsy, which was reported, negative for cancer and positive for a fungal mass. Treatment to date includes diagnostic testing, surgery, physical therapy, Hyalgan injections times 5 to the right knee (last dose in February 2015) and medications. According to the primary treating physician's progress report on March 26, 2015, the injured worker continues to experience right hip and right knee pain. Examination demonstrated tenderness to palpation of the lumbar paravertebral muscles and right hip with decreased range of motion restricted by pain in all planes. Lumbar extension was worse than lumbar flexion. Lumbar discogenic and right hip provocative maneuvers were positive. Patrick's test was positive on the right. Sacroiliac (SI) testing and nerve root tension test were negative bilaterally. Muscle strength was 5/5 in all limbs. Heel, toe and tandem walking were abnormal with an antalgic gait. Current medications are listed as Hydrocodone, Metformin and topical analgesics. Treatment plan consists of activity modification, medications, follow-up on

appointments and the current request for purchase of Interferential (IF) or Muscle Stimulator with conductive garment and LidoPro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) or muscle stimulator (TENS) with a conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS.

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

Decision rationale: The patient has ongoing right hip and right knee pain. The current request for authorization is for a TENS unit with conductive garment for the knee. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. In this case, the records indicate the patient feels the knee is improving after completing her fifth Hyalgan injection. The diagnosis appears to be internal knee derangement. This diagnosis is not supported by MTUS guidelines for the use of TENS. Additionally, there is no discussion of a one-month trial. As such, recommendation is not medically necessary.

LidoPro ointment 121 grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116, 118-119, 112.

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

Decision rationale: The patient has ongoing right hip and right knee pain. The current request for LidoPro ointment 121 grams #1. The treating physician has prescribed LidoPro ointment which is a compound topical analgesic with active ingredients of Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10% and Capsaicin .0375%. The MTUS guidelines do recommend topical analgesics. However, MTUS states, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS goes on to state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the treating physician has prescribed a topical analgesic ingredient (lidocaine) that is not supported by MTUS. The current request is not medically necessary.