

Case Number:	CM15-0086448		
Date Assigned:	05/08/2015	Date of Injury:	05/15/2013
Decision Date:	06/16/2015	UR Denial Date:	04/07/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45 year old female who sustained a work related injury May 15, 2013. According to a primary treating physician's progress report, dated March 26, 2015, the injured worker presented with complaints of constant neck pain with radiation to the right upper extremities and right wrist with numbness and tingling. She also complains of insomnia and depression. She has been using a right wrist brace for carpal tunnel syndrome/tenosynovitis for support, but it is now worn out. She reports that medication helps with pain 20-30%, has performed her home exercise program, and is using the TENS unit regularly. Diagnoses are cervical degenerative disc disease; carpal tunnel syndrome; tenosynovitis wrist or hand; cervical radiculitis; right wrist triangular fibrocartilage degeneration. Treatment plan included MRI, right wrist, awaiting orthopedic report, and request for authorization for Lidopro and Tenspatch x 2 pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidopro is a topical medication containing Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain (Mason-BMJ, 2004). See also Topical analgesics; & Topical analgesics, compounded." In this case, lidocaine is not supported for topical use per guidelines. As such, the request for Lidopro cream 121gm is not medically necessary.

Tenspatch x 2 pairs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Durable Medical Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of TENS patches, but does address TENS unit. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise

equipment is considered not primarily medical in nature." Medicare details DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who isn't sick or injured; appropriate to be used in your home. While TENS patches do meet criteria as durable medical equipment, the medical notes do not establish benefit from ongoing usage of a TENS unit. The treating physician does not include objective or subjective findings to substantiate. Given lack of documented improvement, the continued usage of TENS does not appear to be indicated and therefore the associated patches do not appear to be indicated. As such, the request for TENS patch x 2 pairs is not medically necessary.