

Case Number:	CM15-0236643		
Date Assigned:	12/14/2015	Date of Injury:	06/04/2012
Decision Date:	01/20/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/03/2015

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 who sustained an industrial injury on 06-04-2012. According to a progress report dated 11-02-2015, low back pain was noted. Pain level was rated 8. Meds and TENS treatment helped with pain. Objective findings included antalgic gait and decreased range of motion. Diagnoses included lumbosacral joint ligament sprain strain, lumbalgia lumbar intervertebral disc without myelopathy, lumbosacral or thoracic neuritis or radiculitis unspecified, dislocation subluxation and myasthenia gravis. The treatment plan included Tylenol #3 60 count, Lidopro topical for pain and continuation with home exercise program and TENS treatment. An authorization request dated 11-02-2015 was submitted for review. The requested services included Lidopro 121 ml and TENS patches x 2 pairs, x 2 pairs. On 07-24-2015, the provider noted that the injured worker has tried TENS unit, chiropractic sessions, acupuncture, physical therapy, pool therapy and lumbar epidural steroid injection without any relief. Current meds at that time included Naproxen, Gabapentin and Omeprazole. The provider noted that there were no gastrointestinal side effects from meds. On 09-30-2015, the injured worker reported a reduction in pain to 7 out of 10 and muscle relaxation in her back with use of a TENS unit for 15 minutes. On 11-09-2015, Utilization Review non-certified the request for retro Lidopro 121 ML date of service 11-02-15 and retro 4 Pairs of TENS patches date of service 11-02-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidopro 121 ML DOS 11/2/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents on 11/02/15 with unspecified pain rated 8/10. The patient's date of injury is 06/04/12. The request is for RETRO LIDOPRO 121 ML DOS 11/2/15. The RFA is dated 11/02/15. Physical examination dated 11/02/15 indicates that the patient presents with a wheeled walker, though no comprehensive physical examination is included. The patient is currently prescribed Gabapentin, Naproxen, and Lidopro. Per 11/02/15 progress note, the patient is advised to remain off work though 09/19/15 [sic]. LidoPro contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The MTUS Topical Analgesics section, page 111 has the following: "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... Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended..." In regard to the requested 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. While this patient presents with significant thoracic, and lumbar spine pain, Lidocaine is nonetheless unsupported by MTUS guidelines in this particular formulation. Guidelines also state that any compounded cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.

Retro 4 Pairs of TENS Patches DOS 11/2/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents on 11/02/15 with unspecified pain rated 8/10. The patient's date of injury is 06/04/12. The request is for RETRO 4 PAIRS OF TENS PATCHES DOS 11/2/15. The RFA is dated 11/02/15. Physical examination dated 11/02/15 indicates that the patient presents with a wheeled walker, though no comprehensive physical examination is included. The patient is currently prescribed Gabapentin, Naproxen, and Lidopro. Per 11/02/15 progress note, the patient is advised to remain off work though 09/19/15 [sic]. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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...Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary." In regard to the request for this patient to receive additional electrodes for a home-use TENS unit, the request is reasonable. Progress note dated 11/02/15 does not include discussion of TENS usage, though progress note dated 09/30/15 does include documentation of analgesia attributed to TENS utilization. Given the conservative nature of this treatment modality and the documentation of efficacy provided, the issuance of 4 additional pairs of TENS electrodes is a reasonable and appropriate measure. The request IS medically necessary.