

Case Number:	CM14-0114139		
Date Assigned:	08/01/2014	Date of Injury:	02/26/1992
Decision Date:	09/29/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is an 81-year-old male patient with a 2/26/1992 date of injury. The exact mechanism of injury has not been described. A progress report dated on 7/29/14 indicated that the patient complained of pain with movement. He admitted to have spasm in the right knee, as well as cramping in the right toe. There was numbness and tingling in the right knee. Objective findings demonstrated slightly decreased left lower extremity range of motion compared to right lower extremity. He was diagnosed with Osteoarthritis of knees, s/p bilateral total knee replacement, Right foot drop with reduced ankle dorsiflexion and plantar flexion to the right and Swelling of the right leg. Treatment to date includes medication management. There is documentation of a previous 7/8/14 adverse determination. Terocin Patches and LidoPro were not certified, because there was no evidence of failure of oral medication. TENS unit was not certified, based on the fact, that study results did not provide information on the stimulation parameters which are most likely to provide optimum pain relief. Hot cold wrap was not certified, because there was no indication that the patient had used conventional head pads or pack with improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 112. The Expert Reviewer's decision rationale: MTUS chronic pain medical treatment guidelines states that "topical Lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." However, there is no documentation of functional improvement or reduction in medication from the use of Terocin patches. In addition, it is not documented where the patient is using the patches, the duration and frequency of use. Therefore, the request for Terocin patches #30 was not medically necessary.

Lidopro: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Boswellia Serrata Resin, Capsaicin, Topical Analgesics, pages 25, 28, 111-113. The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that "ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other Antiepilepsy drugs are not recommended for topical applications." However, there was no documentation of failure first line medication. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no specific rationale provided as to why the patient needs this medication despite lack of guideline support. Topical Lidocaine outside of the patch form can put the patient at risk for systemic toxicity. Therefore the request for LidoPro was not medically necessary.

TENS (Transcutaneous Electric Nerve Stimulation) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electric Nerve Stimulation). Decision based on Non-MTUS Citation BlueCross BlueShield 2007: TENS, Aetna & Humana (Aetna 2005) (Humana 2004), VA : TENS (US Dept VA, 2001) and European Federation Of Neurological Societies (EFNS), TENS.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, TENS UNIT, pages 114-116. The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that "TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option." Criteria for the use of TENS unit include "Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit." However, there was no indication of short- and long term goals of treatment with the TENS unit. The duration of use with the TENS unit is not specified. It is unclear if it is a rental or a purchase. Therefore, the request for TENS (Transcutaneous Electric Nerve Stimulation) Unit was not medically necessary.

Hot/Cold wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Chapter, last updated 06/05/2014, cold/heat packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold. The Expert Reviewer's decision rationale: Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. However, the patient's injury was in 1992. There was no evidence of any new injury reported. In addition, as guidelines cited studies have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. Therefore, the request for Hot/Cold wrap was not medically necessary.