

Case Number:	CM14-0144710		
Date Assigned:	09/12/2014	Date of Injury:	05/10/2012
Decision Date:	10/14/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 Preventive Medicine 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:

According to the records made available for review, the injured worker is a 56-year-old male with a 5/10/12 date of injury. At the time (6/16/14) of request for authorization for Topical medication: Xolindo 2% cream, TENS unit 30 days trial with supplies, rental, and Psychological evaluation, there is documentation of subjective (ongoing moderate to severe bilateral shoulder pain, severe bilateral wrist pain radiating to the fingers with numbness and tingling, severe left knee pain, and anxiety) and objective (decreased bilateral shoulder range of motion, positive Phalen's sign bilaterally, decreased left knee range of motion, positive patellar grind test, antalgic gait, and decreased sensation over the C6-8 dermatomes) findings, current diagnoses (bilateral shoulder sprain/strain, bilateral carpal tunnel syndrome, left knee internal derangement, and anxiety), and treatment to date (ongoing therapy with compounded topical medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical medication: Xolindo 2% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (Lidocaine), Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (<http://www.drugs.com/otc/xolindo.html>)

Decision rationale: An online search identifies Xolindo cream as a topical analgesic consisting of lidocaine hydrochloride. MTUS Chronic Pain Medical Treatment Guidelines identifies that topical formulations of lidocaine (whether in creams, lotions or gels) are not recommended for neuropathic and/or non-neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for Topical medication: Xolindo 2% cream is not medically necessary.

TENS unit 30 days trial with supplies, rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chronic intractable pai.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain, bilateral carpal tunnel syndrome, left knee internal derangement, and anxiety. In addition, there is documentation of pain of at least three months duration. Furthermore, given documentation of a request for TENS unit trial to reduce the need for medication and increase joint range of motion in conjunction with a home exercise program, there is documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, despite documentation of pain with ongoing compounded topical medication therapy, there is no (clear) documentation of evidence that other appropriate pain modalities have been tried and failed. Therefore, based on guidelines and a review of the evidence, the request for TENS unit 30 days trial with supplies, rental is not medically necessary.

Psychological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Psychological evaluatio.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological Evaluation

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological evaluation. OGD identifies that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain, bilateral carpal tunnel syndrome, left knee internal derangement, and anxiety. In addition, given documentation of ongoing pain and a request for psychological evaluation to address symptoms of anxiety, there is documentation that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options. Therefore, based on guidelines and a review of the evidence, the request for Psychological evaluation is medically necessary.