

Case Number:	CM14-0148401		
Date Assigned:	09/18/2014	Date of Injury:	09/01/2008
Decision Date:	10/16/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 a 60 year old female with a 9/1/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/1/14 noted subjective complaints of bilateral wrist pain and numbness. Objective findings included satisfactory ROM wrists bilaterally. Diagnostic Impression: bilateral carpal tunnel syndrome. Treatment to Date: carpal tunnel surgery, medication management, TENS unit. A UR decision dated 8/18/14 denied the request for transcutaneous electrical nerve stimulation (TENS) unit. There is no documentation of functional benefit from TENS. It also denied conductive garment. TENS unit is not approved. It also denied lidopro lotion 4 ounces. Guidelines only support topical lidocaine in the form of a lidoderm patch. It also denied terocin patches, 20 count. Guidelines do not support the use of topical menthol. It also denied protonix 20 mg, sixty count. There is no mention of increased GI risk, NSAID use, or GI diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. However, there is little information regarding this patient's treatment history over the last 2 years including the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no mention of specific objective improvement with the use of TENS. There is insufficient documentation to establish medical necessity for the requested home TENS. Therefore, the request for transcutaneous electrical nerve stimulation (TENS) unit was not medically necessary.

Conductive Garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-120.

Decision rationale: CA MTUS states that conductive garments are only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the unit is to be used under a cast (as in treatment for disuse atrophy). There is no documentation of such a large area requiring stimulation or other medical conditions that would prevent the use of traditional system. Additionally, the TENS unit was not certified; therefore a conductive garment is not certified. Therefore, the request for conductive garment was not medically necessary.

Lidopro lotion 4 ounces: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (lidopro)

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. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro is a compound lotion containing capsaicin, lidocaine, menthol, and

methyl salicylate. Lidocaine is not recommended, therefore Lidopro is not recommended. Therefore, the request for Lidopro lotion 4 ounces was not medically necessary.

Terocin patches, twenty count: Upheld

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

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

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 (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, there is no documentation of a failure of a trial of anti-depressant or anti-epileptics. Therefore, the request for Terocin patches, twenty count was not medically necessary.

Protonix 20 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (pantoprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no GI diagnosis or chronic NSAID use. Therefore, the request for Protonix 20 mg, sixty count was not medically necessary.