

<b>Case Number:</b>	CM14-0149333		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 & 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:

The injured worker is a 44-year-old male with a reported injury on 04/24/2012. The injury reportedly occurred when the injured worker was lifting a pallet and fell backwards. The injured worker's diagnoses included chronic low back pain syndrome with bilateral radiculopathy, right scrotal hernia, and left small inguinal hernia. The injured worker's past treatments included medications, back support, work modification, physical therapy, home exercise program, TENS unit, and chiropractic care. The injured worker's diagnostic testing included an abdominal x-ray on 01/08/2008, a lumbar spine MRI in 2001, a lumbar spine x-ray on 04/25/2012, Tytron thermography on 05/11/2012, a lumbar spine x-ray on 05/31/2012, a lumbar spine MRI on 07/24/2012, CT of the pelvis on 07/25/2012, and a psychiatric evaluation on 03/02/2013. No pertinent surgical history was provided. The injured worker was evaluated on 07/15/2014 for complaints of low back pain, especially on the left which had been more painful. He rated his pain as a 6/10. The injured worker reported that he was using a TENS unit which helped "a little bit." He reported the medications were helpful with reducing pain but reported only taking half doses because he gets headaches. The clinician observed and reported no change from the last exam and a large bulge in the right scrotum. The treatment plan was for a surgical consult regarding the hernia, renew medications, have some blood work done, continue TENS unit. The injured worker's medications had included cyclobenzaprine 7.5 mg, tramadol 50 mg, and LidoPro ointment. The request was for TENS patch times 2 pairs (dispensed 07/15/2014) and LidoPro ointment 21 g (dispensed 07/15/2014). The rationale for the request is for the treatment of lower back pain, sacralgia, lumbalgia, and inguinal hernia. The Request for Authorization form was submitted on 07/15/2014

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS patch, 2 pairs dispensed on 7-15-14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

**Decision rationale:** The injured worker continued to complain of low back pain. The California MTUS Chronic Pain Guidelines recommend use of the TENS unit for chronic intractable pain once the known criteria have been met: documentation of pain for at least 3 months' duration; evidence that other appropriate pain modalities have been tried including medication and failed; a 1 month trial period of a TENS unit should be documented as an adjunct to ongoing treatment modalities with 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 treatments 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. The provided documentation did not include documentation of a 1 month trial period of the TENS unit with documentation of how often the unit was used or outcomes in terms of pain relief and function. No treatment plan including the specific short and long term goals of treatment with a TENS unit was submitted. Medical necessity for the TENS unit has not been established based on the provided documentation. As such, the request for the ancillary service would not be supported. Therefore, the request for TENS patch, 2 pairs dispensed 7-15-14 is not medically necessary.

**Lidopro ointment 21 gm. dispensed on 7-15-14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 111-113, 105.

**Decision rationale:** The injured worker continued to complain of low back pain. The California MTUS Chronic Pain Guidelines recommend topical analgesics as an option primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Salicylate topicals are recommended. The provided documentation did not include a trial and failure of antidepressants or anticonvulsants. Additionally, the request did not include a site or frequency of application.

Therefore, the request for Lidopro ointment 21 gm dispensed on 7-15-14 is not medically necessary.