

Case Number:	CM14-0195807		
Date Assigned:	01/07/2015	Date of Injury:	02/21/2012
Decision Date:	02/04/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 year old male who sustained a work related injury on 02/21/2002. The mechanism of the injury was not documented in the clinical records submitted in this review. Diagnoses consist of: Internal derangement of the knee bilaterally status post-surgical intervention only one knee with meniscus tear noted in the non-operated knee as well, Discogenic lumbar condition with scoliosis along the thoracolumbar area and radiculopathy, Element of depression and sleep, chest pain and heart ischemia, plantar fasciitis on the left (recovered) and right wrist sprain (which is not covered in this claim), and chronic pain syndrome. Treatments consist of medication; Neurontin and LidoPro cream. According to the clinical records submitted in this review the injured worker had a history of chronic low back and knee pain. The injured worker continues with complaint of ongoing difficulty walking or using stairs, pain and numbness extending down both legs, calves and into his toes. Physical examination revealed difficulty walking on toes or heels, tenderness and reduced strength. Work status is documented as not working. This is a request for decision for 1 prescription of Neurontin 600mg #180, 2 Bottles of LidoPro Cream 40z each, 1 King size firm mattress with 4 inch foam cushion, 1 TENS Unit and 1 TENS conductive garment. The reason for the request was not submitted in the clinical records submitted. On 10/29/2014 Utilization review non-certified the requested services: In regards to the request for 1 prescription of Neurontin 600mg #180 CA MTUS guidelines were not established; according to the clinical records in this review the injured worker had utilized high dosages of Neurontin on a long term basis with little change in clinical status. No documentation of reduction symptoms is present due to use. Weaning of Neurontin was previously initiated for similar reasoning, no further weaning would be necessary at this time. Therefore, the request for 1 prescription of Neurontin 600mg #180 was recommended for non-certification. In regards to the request for 2 Bottles of LidoPro Cream 40z

each CA MTUS guidelines were not established; lidocaine may be utilized when in the form of a Lidoderm patch only. No other forms of topical lidocaine were recommended, whether creams, lotions and /or gels. Therefore, the 2 Bottles of LidoPro Cream 40z each was recommended for non-certification. In regards to the request for 1 King size firm mattress with 4 inch foam cushion. Official Disability Guidelines were not established; No quality of evidence was made available in the clinical records submitted in this review, to support the purchase of any mattress or bedding for treatment of low back pain. Therefore, the request for 1 King size firm mattress with 4 inch foam cushion, was recommended for non-certification. In regards to the request for 1 TENS Unit and 1 TENS conductive garment CA MTUS guidelines were not established. According to the clinical records submitted in this review, no evidence that a TENS unit was to be utilized in conjunction with a plan involving functional restoration, nor were any specific short or long term treatment goals documented. Therefore, the request for 1 TENS Unit was recommended for non-certification. The request for 1 TENS conductive garment was non-certified, the concurrent request for the 1 TENS Unit was non-certified, therefore, proceeding with a TENS garment would be unnecessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #180 With 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49.

Decision rationale: This 62 year old male has complained of low back pain since date of injury 2/21/02. He has been treated with physical therapy and medications to include Neurontin since at least 03/2014. The current request is for Gabapentin. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.

2 bottles of Lidopro cream, 4 oz each: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 62 year old male has complained of low back pain since date of injury 2/21/02. He has been treated with physical therapy and medications. The current request is for 2

bottles of Lidopro cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidopro cream is not indicated as medically necessary.

1 king size firm mattress with 4 inch foam cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

Decision rationale: This 62 year old male has complained of low back pain since date of injury 2/21/02. He has been treated with physical therapy and medications. The current request is for 1 King Size firm mattress with 4 inch foam cushion. Per the ODG guidelines cited above, there is no quality evidence that supports the purchase and use of any bedding or mattress for the treatment of low back pain. On the basis of the available medical documentation and above cited guidelines, King Size firm mattress with 4 inch foam cushion is not indicated as medically necessary.

1 TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, chronic pain Page(s): 113-114.

Decision rationale: This 62 year old male has complained of low back pain since date of injury 2/21/02. He has been treated with physical therapy and medications. The current request is for 1 TENS unit. Per the MTUS guidelines cited above, TENS unit is not recommended as a primary treatment modality, but a one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based function restoration for the following conditions: neuropathic pain to include diabetic neuropathy and post-herpetic neuralgia, chronic regional pain syndrome I and II, phantom limb pain, spasticity in spinal cord injury and multiple sclerosis. The available medical records do not include documentation of an ongoing or intended implementation of a functional restoration program to be utilized in conjunction with a trial of TENS unit rental as recommended by the MTUS. On the basis of the above MTUS guidelines and available medical record documentation, a TENS unit is not indicated as medically necessary in this patient.

1 TENS conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, chronic pain Page(s): 113-114.

Decision rationale: This 62 year old male has complained of low back pain since date of injury 2/21/02. He has been treated with physical therapy and medications. The current request is for 1 TENS unit conductive garment. Per the MTUS guidelines cited above, TENS unit is not recommended as a primary treatment modality, but a one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based function restoration for the following conditions: neuropathic pain to include diabetic neuropathy and post-herpetic neuralgia, chronic regional pain syndrome I and II, phantom limb pain, spasticity in spinal cord injury and multiple sclerosis. The available medical records do not include documentation of an ongoing or intended implementation of a functional restoration program to be utilized in conjunction with a trial of TENS unit rental as recommended by the MTUS. On the basis of the above MTUS guidelines and available medical record documentation, a TENS unit is not indicated as medically necessary in this patient and therefore a TENS unit conductive garment is also not indicated as medically necessary.