

Case Number:	CM14-0212059		
Date Assigned:	01/02/2015	Date of Injury:	01/05/2013
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 53-year-old woman with a date of injury of January 5, 2013. The mechanism of injury was documented as in accidental fall. The injured worker's working diagnoses are right elbow medial epicondylitis; ulnar neuritis of the right elbow; carpal tunnel syndrome on the right (not part of the claim); right knee patellofemoral inflammation; thoracic sprain/strain; and discogenic lumbar condition with facet inflammation. Pursuant to the orthopedic surgeon progress note dated October 30, 2014, the IW reports she cannot drive long distances because of spasms. There are no subjective complaints documented. Current medications include Norco, Motrin, Methotrexate, Plaquenil, Flexeril, Trazadone Prilosec, Zantac, Zantac, Procardia, Folic acid, Prednisone, Baby ASA, and Lipitor. Objective findings reveal the IW is guarding her right shoulder as she has quite a bit of pain. She has muscle spasms in the thoracic and lumbar spine. Blood pressure is 135/102, and pulse is 85. No other objective findings were documented. The treating physician is recommending EMG studies of the upper extremities, hot and cold compression garment, in-home TENS unit, physical therapy X 12 sessions, LidoPro cream 4oz., and Terocin patches #20. There is no documentation in the medical record indicating whether the IW had a prior TENS trial. If so, there is no documentation regarding objective functional improvement associated with the use of TENS unit. The current request is for DME purchase: IF or TENS unit with garment, DME: Hot/Cold Compression Garment, LidoPro lotion 4oz., and Terocin Patches #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential Unit (IF) or TENS unit w/garment (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit/TENS Unit Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Interferential Unit/TENS Unit

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential unit (ICS) or TENS unit with garment for purchase is not medically necessary. ICS is not recommended as an isolated intervention. The Patient Selection Criteria include, but are not limited to, to be medically necessary: pains and effectively controlled due to diminished effectiveness of medications, pain is effectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative or acute conditions, and unresponsive to conservative measures. If these criteria are met, a one month trial may be appropriate. A TENS unit is not recommended as a primary treatment modality. The criteria are enumerated in the Official Disability Guidelines. The guidelines state a one month trial should be documented 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. In this case, the injured worker's working diagnoses are right elbow medial epicondylitis; ulnar neuritis of the right elbow; carpal tunnel syndrome on the right; right knee patellofemoral inflammation; thoracic sprain strain; discogenic lumbar condition with facet inflammation. The documentation does not show evidence of prior physical therapy to date. The guidelines recommend a 30 day trial for both ICS and tens. There is no evidence in the medical record the injured worker had an ICS or TENS trial. Consequently, absent a 30 day trial with ICS and TENS with evidence along with unresponsiveness to conservative measures, Interferential unit and TENS are not medically necessary.

Hot/Cold Compression Garment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold Pack

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Col /Hot Packs

Decision rationale: Pursuant to the Official Disability Guidelines, hot/ cold compression garment is not medically necessary. Cold packs are recommended. However, insufficient testing exists to determine the effectiveness, if any, of heat/cold applications improve mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of Cold packs may be applied during the first few days of symptoms followed by applications of heat

packs to suit the patient. In this case, the injured worker's working diagnoses are right elbow medial epicondylitis; ulnar neuritis of the right elbow; carpal tunnel syndrome on the right; right knee patellofemoral inflammation; thoracic sprain strain; discogenic lumbar condition with facet inflammation. The documentation does not provide a rationale for hot and cold compression garment when local application of heat or ice may be simply applied. Additionally, there is no clinical indication for a hot/cold compression garment. Consequently, absent a clinical indication/rationale for a hot/cold compression garment, hot cold compression garment is not medically necessary.

Lido Pro lotion 4oz, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, Lido Pro lotion 4 ounces #1 is not medically necessary. Lidopro contains Capsaicin, Lidocaine, Menthol and Methyl salicylate. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotion or gel is indicated for neuropathic pain. The only available FDA approved topical nonsteroidal anti-inflammatory drug is diclofenac. In this case, the injured workers working diagnoses are right elbow medial epicondylitis; ulnar neuritis of the right elbow; carpal tunnel syndrome on the right; right knee patellofemoral inflammation; thoracic sprain strain; discogenic lumbar condition with facet inflammation. Lidocaine in lotion form is not indicated for neuropathic pain. Lidocaine in lotion form is not recommended. Any compounded product that contains at least one drug (lidocaine lotion) that is not recommended is not recommended. Consequently, Lido Pro lotion is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lido Pro lotion 4 ounces #1 is not medically necessary.

Terocin Patches, quantity 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin patches #20 are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains Capsaicin 0.025%, Menthol, Methyl salicylate, and Lidocaine. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotion or gel is indicated for neuropathic pain. The only available FDA approved topical nonsteroidal anti-inflammatory drug is diclofenac. Menthol is not recommended. In this case, the injured worker's working diagnoses are right elbow medial epicondylitis; ulnar neuritis of the right elbow; carpal tunnel syndrome on the right; right knee patellofemoral inflammation; thoracic sprain strain; discogenic lumbar condition with facet inflammation. Lidocaine in patch form is not indicated for neuropathic pain. Lidocaine in patch form is not recommended. Any compounded product that contains at least one drug (lidocaine in patch form and Menthol) that is not recommended is not recommended. Terocin patches #20 are not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Terocin patches #20 are not medically necessary.