

Case Number:	CM14-0051428		
Date Assigned:	07/07/2014	Date of Injury:	10/31/1999
Decision Date:	07/01/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/18/2014

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 67-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 31, 1999. In a Utilization Review report dated April 15, 2014, the claims administrator failed to approve requests for a TENS unit patch, LidoPro lotion, and an updated lumbar MRI. Norco was approved. A neurology consultation for incontinence was apparently partially approved. The full text of the IMR report was not, however, seemingly attached to the application. A RFA form received on April 8, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In a April 3, 2015 RFA form, Norco, cervical MRI imaging, lumbar MRI imaging, and LidoPro lotion were endorsed, along with electrodiagnostic testing of bilateral lower extremities. The RFA form was somewhat difficult to follow. In an associated progress note of the same date, April 3, 2015, the applicant was placed off of work, on total temporary disability. 7/10 neck and back pain complaints were reported. The applicant reported allegations of urinary and fecal incontinence. The applicant was using a walker to move about, it was reported. The applicant had electrodiagnostically confirmed lumbar radiculopathy at the L5 level, per electrodiagnostic testing of July 12, 2012, it was stated. The applicant also had multilevel neuroforaminal narrowing and multilevel disk bulge was noted on lumbar MRI imaging of March 7, 2011. Ongoing complaints of low back pain radiating to the left leg were reported. The applicant was described as forgetful. The applicant was using a walker to move about in the clinic setting. Norco, LidoPro, updated lumbar MRI imaging, a neurology consultation to evaluate the applicant's alleged incontinence, and topical LidoPro lotion were endorsed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patch: 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 Criteria for the use of TENS Page(s): 116.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines stipulates that purchase of a TENS unit and, by analogy, provision of associated supplies should be predicated on evidence of a favorable outcome during an earlier one-month trial of said TENS unit, with favorable outcomes evident in terms of both pain relief and function. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, April 3, 2015. The applicant was having difficulty performing activities as basic as standing and walking and was using a walker to move about on that date, it was reported. 7/10 pain complaints were reported. The applicant was still dependent on opioid agents such as Norco, it was reported on April 3, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the TENS unit. Therefore, the request for provision of associated TENS unit supplies in the form of the patches in question was not medically necessary.

Lidopro: 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 Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed (dailymed.nlm.nih.gov) - LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Cymbalta, Norco, etc., effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.

Neurologist Consult for Incontinence: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The MTUS ACOEM Practice Guidelines state that a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of

delayed recovery. Here, the applicant's primary treating provider (PTP) was likely uncomfortable and/or ill-equipped to address issues with and/or allegations of incontinence and/or immobility resulting in the usage of the walker. Obtaining the added expertise of a practitioner better-equipped to address such issues and/or allegations, namely a neurologist, was thus, indicated. Therefore, the request was medically necessary.

Updated MRI of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: The MTUS ACOEM Practice Guidelines state that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The requesting provider of April 3, 2015 did not appear to be a spine surgeon. It did not appear that the applicant was intent on acting on the results of the study in question. The fact that MRI studies of the cervical and lumbar spines were concurrently sought significantly reduced the likelihood of the applicant's acting on the results of either study. Therefore, the request was not medically necessary.