

<b>Case Number:</b>	CM15-0102693		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	08/30/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Arizona, Texas  
 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:

This 35-year-old male sustained an industrial injury to the right index finger, right shoulder and neck on 8/30/14. Previous treatment included x-rays, home exercise, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 1/7/15, the physician noted that the injured worker's pain to the upper back and right shoulder had decreased to 4/10 on the visual analog scale with more relaxed muscles and increased range of motion following a 15-minute trial of a transcutaneous electrical nerve stimulator unit. In a PR-2 dated 5/6/15, the injured worker complained of intermittent right index finger pain with occasional numbness, tingling, stiffness and radiation into the right wrist. The injured worker rated his pain 4/10 on the visual analog scale with medications. Current diagnoses included right index finger laceration without complication. The treatment plan included requesting authorization for a trial of hand therapy, continuing medications (Aleve, Naproxen Sodium, Cyclobenzaprine, Omeprazole and Lidopro cream), continuing home exercise and requesting 4 pairs of transcutaneous electrical nerve stimulator unit patches for continued use of transcutaneous electrical nerve stimulator unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Pairs of TENS patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 114-116.

**Decision rationale:** According to the MTUS, the use of a transcutaneous electrical nerve stimulation (TENS) 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 functional restoration, for the conditions described below. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case, the patient is not enrolled in an evidence-based functional restoration program and does not have an accepted diagnosis per the MTUS. The use of TENS pads are not medically necessary as the TENS unit is not medically necessary.

**Lidopro cream, one bottle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

**Decision rationale:** According to the MTUS section on chronic pain, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case, Lidopro cream contains Capsaicin cream .0325%, which is not a recommended concentration according to the MTUS. Furthermore, the documentation does not support that the patient has failed first line treatment for neuropathic pain. The use of Lidopro cream is not medically necessary.