

Case Number:	CM15-0115859		
Date Assigned:	06/24/2015	Date of Injury:	12/29/2014
Decision Date:	08/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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, Michigan

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 injured worker is a 27 year old injured worker (records are conflicting in regards to gender) who sustained an industrial injury on 12/29/2014 resulting in pain to the low back. The injured worker was diagnosed with low back pain, mid-back pain, myofascial pain, bilateral SI joint dysfunction (right greater than left), and transient insomnia. Treatment provided to date has included: massage therapy; acupuncture which was reported to decrease pain; medications (Lunesta, Diclofenac, omeprazole, Trazodone, and Lidopro cream) with some benefit; ultrasound therapy without indication of improvement; TENS (Transcutaneous Electrical Nerve Stimulation) which was noted to be mildly helpful; and conservative therapies/care. Diagnostic tests performed include: electrodiagnostic and nerve conduction testing of the lower extremities (2015) showing evidence of lumbar radiculopathy involving the L4-5 nerve roots bilaterally. There were no noted comorbidities or other dates of injury noted. On 06/03/2015, physician progress report noted complaints of continued low back pain. The pain was rated 6/10 in severity, and was described as radiating and pulsating pain to the bilateral lower extremities which was associated with numbness. The pain was noted to be worse with prolonged standing and walking, and relieved with TENS and medications (mainly topical analgesic creams). However, the injured worker also reported an overall increase in pain, and a decrease in range of motion (ROM) and stated that the TENS unit was mildly helpful. Current medications include NSAIDs (Diclofenac) for severe pain, Lunesta for difficulty sleeping (as needed), and topical Lidopro cream for temporary relief of pain. Medications were reported to provide about 30% pain reduction/relief without side effects. The physical exam revealed tenderness to palpation in

the lumbar spine, left lower extremity weakness, abnormal reflexes, and decreased ROM in the lumbar spine. The provider noted diagnoses of lumbar degenerative disc disease, myofascial pain, and insomnia. Plan of care includes continuation of Lidopro ointment, TENs patches, diclofenac, continuation of acupuncture and home exercise program, and ultrasound therapy for the lumbar spine. The injured worker's work status remained temporarily partially disabled with modified work duties. The request for authorization and IMR (independent medical review) includes: Lidopro topical cream 121gm and TENS patches (4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidopro cream 121g: Upheld

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

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

Decision rationale: According to the MTUS guidelines: Topical Analgesic are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. However, Lidopro is not recommended for non-neuropathic pain, as there is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. On 03/03/2015, the injured worker's pain was rated as 5/10 in severity. Further progress reports show that the injured worker's pain had increased to 6/10 on 03/17/2015, and 7/10 on 04/13/2015. The latest pain rating was 6/10 on 06/03/2015. In this case, there was increased pain after the initiation of Lidopro use, and the injured worker reported that the Lidopro only provided temporary and mild benefit. Therefore, the continued use of Lidopro topical cream is not medically necessary.

Tens patch x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: According to the MTUS guidelines: Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical

stimulation is applied to the surface of the skin. 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. A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS, and for CRPS I. There is some evidence suggested for neuropathic pain, including diabetic neuropathy, and post-herpetic neuralgia; and TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. Criteria for the use of TENS includes: documentation of pain of at least three months duration; there is evidence that other appropriate pain modalities have been tried (including medication) and failed; a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; other ongoing pain treatment 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; and 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. After reviewing the clinical notes, it has been determined that there is lack of evidence to show that: 1) other appropriate pain modalities have been tried and failed; 2) a one-month trial period of the TENS unit was provided (as an adjunct to ongoing treatment modalities within a functional restoration approach) including documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; and 3) a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not submitted. In addition, the TENS unit, after being dispensed on 03/17/2015, was noted to be only mildly beneficial in the reduction of pain and improvement in function. As such, the additional TENS patches are not medically necessary.