

Case Number:	CM15-0116847		
Date Assigned:	06/25/2015	Date of Injury:	11/29/2012
Decision Date:	08/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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 49-year-old female, who sustained an industrial injury on November 29, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lower back pain, shoulder sprain/strain, lumbar degenerative disc disease, left knee sprain/strain, cervical sprain/strain, lumbar radiculopathy - poor coping, and myofascial pain. Diagnostic studies were not included in the provided medical records. Treatment to date has included a lumbar epidural injection, psychological care, a home exercise program, a TENS (transcutaneous electrical nerve stimulation) unit, a back brace, self-trigger point therapy, a heating pad, and a topical analgesic. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of diabetes mellitus, hypothyroidism, and asthma. Her work status was described as modified work. On May 22, 2015, the injured worker complained of chronic low back pain radiating to the left leg. She manages her pain with self-trigger point therapy, a TENS (transcutaneous electrical nerve stimulation) unit, and cream. She uses a brace to help with housework. She does not appear to take oral medications. The physical exam revealed tenderness to palpation in the lumbar paraspinal muscles, decreased lumbar flexion, abnormal reflexes, and a normal gait. The treatment plan includes TENS (transcutaneous electrical nerve stimulation) patches and Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) patches, Qty 2 pairs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS Page(s): 114-116.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) guidelines, transcutaneous electrical nerve stimulation (TENS) is recommended when there is evidence of pain of at least three months duration, trial and failure of other appropriate pain modalities (including medication), and a one-month trial period of the TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach) that includes documentation of how often the unit was used, and pain relief and function outcomes; rental would be preferred over purchase during this trial. In addition, documentation should include evidence of medication usage, a treatment plan with the specific short- and long-term goals of treatment with the TENS unit, and a two lead is generally recommended. A review of the injured workers medical records reveal that the injured worker is being managed without oral medications and appears to be responding well to her current regimen with a reported pain level of 3/10. In her case it would appear that the continued use of a TENS unit is medically appropriate, therefore the request for TENS (transcutaneous electrical nerve stimulation) patches, Qty 2 pairs is medically necessary.

Lidopro 121 gm Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Medications Page(s): 105; 111-113.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines do not recommend any compound product that contains at least one drug (or drug class) that is not recommended. Lidopro cream contains capsaicin, lidocaine, menthol, and methyl salicylate. There was lack of evidence of any trials of first-line therapy with tri-cyclic or SNRI anti-depressants or an anti-epilepsy drugs such as gabapentin or Lyrica. The use of Capsaicin is only recommended when injured workers have not responded or are intolerant to other treatments. Topical methyl salicylate is recommended for chronic pain and is significantly better than placebo. Lidocaine is indicated for the treatment of neuropathic pain, and the only approved formulation of topical lidocaine is a dermal patch. The California Medical Treatment Utilization Schedule guidelines and the Official Disability Guidelines (ODG) do not discuss menthol. However the injured worker appears to have had a favorable response to the use of Lidopro and appears to be doing well on her current regimen with a reported pain level of 3/10, therefore based on the injured workers clinical response to Lidopro the continued use is medically appropriate and the request for Lidopro 121 gm Qty 1 is medically necessary.