

Case Number:	CM15-0118234		
Date Assigned:	07/01/2015	Date of Injury:	03/14/2014
Decision Date:	09/08/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/18/2015

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 45 year old male who sustained an industrial injury on 03/14/2014. Current diagnoses include osteoarthritis-bilateral knee, tenosynovitis-bicipital, and osteoarthritis-bilateral shoulder. Previous treatments included medications, physical therapy, shoulder injections, knee and ankle braces, and TENS unit. Initial injuries occurred to the right knee when he was trying to get a loaded pallet rolling, and then the worker slipped and fell injuring his left shoulder and arm. Report dated 05/20/2015 noted that the injured worker presented with complaints that included bilateral knee and bilateral shoulder pain. Pain level was 5 (bilateral knee) and 3 (bilateral shoulder) out of 10 on a visual analog scale (VAS). Physical examination was positive for intermittent, sharp knee pain with numbness, knee pops with movement, bilateral shoulder intermittent, throbbing, stabbing or pinching pain anteriorly, and numbness/tingling towards the deltoid. The treatment plan included refilling and dispensing LidoPro cream for non-pharmaceutical pain control for the bilateral knee and bilateral shoulder and Tens patches, continue Naproxen and omeprazole, Lidopro cream, ice therapy, and TENS unit for pain control, awaiting authorizations for weight bearing x-rays and functional capacity evaluation, consider referral to a podiatrist for custom orthotics, and return in 4 weeks for follow up. The injured worker is on modified work duties with restrictions. Reports dated 03/06/2015 and 04/09/2015 note that the LidoPro cream and TENS unit are helpful for pain control. Disputed treatments include retrospective 4 pairs TENS patches 2 for the the knee and 2 for the shoulder dispensed 5/20/2014 and retrospective Lidopro cream 121gm dispensed 5/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 4 Pairs tens patches 2 for the the knee and 2 for the shoulder dispensed 5/20/2014:
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): 114-121.

Decision rationale: Per the MTUS, transcutaneous electrotherapy 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. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, 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; rental would be preferred over purchase during this trial. 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. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records that are available to me did not reveal a one month trial with the appropriate documentation as recommended by the MTUS and without this information medical necessity is not established. Therefore, the request for Retro 4 Pairs tens patches 2 for the the knee and 2 for the shoulder dispensed 5/20/2014 is not medically necessary.

Retro Lidopro cream 121gm dispensed 5/20/2015: 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): 112.

Decision rationale: Regarding the request for LidoPro cream, the California MTUS cites that topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRIs) anti-depressants or an anti-epileptic drugs (AEDs) such as gabapentin or Lyrica). They also note that, with an exception of a dermal patch, no commercially approved topical formulations of Lidocaine (whether cream, lotions, or gels) are indicated for neuropathic pain. Within the documentation available for review, there is no documentation of localized peripheral pain and failure of first-line therapy, Furthermore, the current request is not for a dermal patch. Therefore,

the request for retrospective Lidopro cream 121 gm dispensed 5/20/2015 is not medically necessary.