

Case Number:	CM15-0120359		
Date Assigned:	07/02/2015	Date of Injury:	12/03/2012
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/23/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old male, who sustained an industrial injury on December 3, 2012. The injured worker was diagnosed as having cervical degenerative disc disease (DDD), low back pain, thoracic pain, myofascial pain and lumbar radiculopathy. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS), home exercise program (HEP) and topical and oral medication. A progress note dated June 5, 2015 provides the injured worker complains of low back pain radiating to lower extremity with numbness. He reports medication provides 80-90% relief of pain. He also reports use of topical medication has allowed him to decrease the need of oral medication. Physical exam notes full range of motion (ROM) with lumbar tenderness on palpation. The plan includes home exercise program (HEP), continue to attend gym, retroactive (6/5/2015) Transcutaneous Electrical Nerve Stimulation (TENS) pads, retroactive (6/5/2015) naproxen, retroactive (6/5/2015) omeprazole and retroactive (6/5/2015) LidoPro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Ointment 4 oz, Qty 1 (retrospective DOS 6/5/15): Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient developed neuropathic pain. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Based on the above, the retrospective request of LidoPro Topical Ointment 4 oz is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) Patches (x2), (retrospective DOS 6/5/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence of functional improvement and reduction of the need for oral medications with the previous use of TENS unit. Therefore, the retrospective prescription of TENS patches is not medically necessary.