MAXIMUS Federal Services

Case Number:	CM15-0170486		
Date Assigned:	09/11/2015	Date of Injury:	12/03/2012
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/29/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 12/03/2012. Current diagnoses include cervical degenerative disc disease, back pain-lower, thoracic spine pain, atypical face pain, myofascial pain, and lumbar radiculopathy. Report dated 08-07-2015 noted that the injured worker presented with complaints that included continued low back pain with numbness. Pain level was 6 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the lumbar paraspinal musculature. It was documented that medications relieve pain 80-90%, and he is taking less NSAIDS, and was able to reduce the amount of oral medications due to the LidoPro ointment. It was also noted that medications help to maintain function and keep him working. The injured worker has been using the TENS unit and heating pad daily, and is attending a gym for strengthening and aerobic exercises. Previous treatments included medications, TENS unit, and home exercise program. The treatment plan included refilling TENS patches, Naproxen, omeprazole, LidoPro ointment, continue TENS and home exercise program, heating pad, and self TPT, he is attending electricity apprenticeship, continue with gym and discussed strengthening exercises to prevent flare ups, and return in 4 weeks. The injured worker has been using LidoPro ointment since at least 01-21-2015, and a TENS unit since at least 08-21-2014. Request for authorization dated 08-07-2015, included requests for LidoPro ointment, naproxen, omeprazole, and TENS patches. The utilization review dated 08-18-2015, non-certified the request for LidoPro ointment and Tens patches based on the following rational. The LidoPro ointment was denied based on lack of documentation to support failure of first line agents used to mange neuropathic pain, an no

documented efficacy or objective functional improvement solely from the topical medication. The TENS patches were denied because "the records lacked clear documentation of frequency of use, efficacy, and objective functional improvement."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121gm #1 (DOS 8/7/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

Tens patches purchase (DOS 8/7/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide

information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains form the treatment. There is provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore criteria have been met and the request is medically necessary.