MAXIMUS Federal Services

Case Number:	CM15-0041092		
Date Assigned:	03/11/2015	Date of Injury:	09/09/2008
Decision Date:	06/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/04/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female, who sustained an industrial injury on September 9, 2008. She reported low back pain and buttock pain. The injured worker was diagnosed as having lumbar sprain/strain, piriformis syndrome, thoracic sprain/strain and myofascial pain. Treatment to date has included diagnostic studies, TENS unit, conservative care, medications and work restrictions. Currently, the injured worker complains of low back pain and buttock pain with radiating pain, tingling and numbness to the bilateral lower extremities and toes. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 18, 2014, revealed continued pain as noted. Medications and TENS patches were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patch, 2 pairs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. The TENS Patch, 2 pairs is not medically necessary and appropriate.

LidoPro 121 gram (4fl oz) QTY: 1: Upheld

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

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

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The LidoPro 121 gram (4fl oz) QTY: 1 is not medically necessary and appropriate.