

<b>Case Number:</b>	CM15-0063993		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 64 year old male, who sustained an industrial injury on 8/4/08. The injured worker has complaints of right shoulder and knee pain. The documentation noted that the injured worker has a constant headache on right side of head with throbbing. The right knee pain radiates from right hip, throbbing and numbness, occasional cramping, worse with activity. The diagnoses have included fracture, right pelvis, unspecified; right shoulder joint derangement and right knee tendinopathy. Treatment to date has included LidoPro cream; home exercise program and transcutaneous electrical nerve stimulation unit are helpful for pain control; cyclobenzaprine; naproxen and omeprazole. The request was for LidoPro topical ointment and transcutaneous electrical nerve stimulation unit patch for right shoulder and right knee (2 pairs).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro topical ointment 120ml Qty: 1:** 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 lidocaine Page(s): 112.

**Decision rationale:** The patient presents with pain and weakness in his right shoulder and right knee. The request is for LIDOPRO TOPICAL OINTMENT 120ML. Per 03/27/15 progress report, the patient is currently taking Naproxen, Cyclobenzaprine, Omeprazole, LidoPro cream. The patient remains off work until 05/03/15. MTUS guidelines page 112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. The request IS NOT medically necessary.

**TENS patch for right shoulder and right knee (2 Pairs):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** The patient presents with pain and weakness in his neck, right shoulder, right knee and right upper extremity. The patient is s/p right shoulder surgery in 2008. The request is for TENS PATCH FOR RIGTH SHOULDER AND RIGHT KNEE, 2 PAIRS. The one report provided by the treater contains little information regarding the patient's condition and treatment history. Work statue is unknown. Per MTUS Guidelines page 114-116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the treater does not discuss the request but documents that the TENS unit "help[s] for pain control." No other documentations are provided such as how often it is used with what specific analgesia and functional gains. There is no documentation that the use of TENS unit results in reduction of medication use. There is no clear diagnosis of neuropathy, CRPS or other conditions for which a TENS unit would be indicated per MTUS. Therefore, the request TENS pads ARE NOT medically necessary.