

Case Number:	CM15-0064870		
Date Assigned:	04/10/2015	Date of Injury:	08/01/2013
Decision Date:	05/19/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/07/2015

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 York

Certification(s)/Specialty: Emergency 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 50 year old female, who sustained an industrial injury on 08/01/2013. She has reported injury to the lower back. The diagnoses have included lower back pain, sciatica, and lumbosacral or thoracic neuritis or radiculitis. Treatment to date has included medications, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, epidural injections, and home exercise program. Medications have included Naproxen and Omeprazole. A progress note from the treating physician, dated 03/12/2015, documented a follow-up visit with the injured worker. The injured worker reported ongoing lower back pain radiating down the right leg to the foot and left-sided discomfort in the upper back. The IW reported medications, acupuncture, TENS unit which was used infrequently, and home exercise program are helpful. Objective findings included moderate lumbar spine tenderness. The treatment plan has included the request for LidoPro patch #15, heating pad for low back pain purchase, electric moist heating pad purchase, and transcutaneous electrical nerve stimulation (TENS) patch 2 pairs purchase. The IW remained total temporary disabled. On 3/20/2015, Utilization Review certified a prescription request for Naproxen and Norco. Request for Lidopro patch, heating pad for purchase, electric moist heating pad for purchase and Tens patch were non-certified. A request for IMR of these non-certified items was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro patch #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): 111-112.

Decision rationale: As stated in CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." Lidopro patches contain a combination of medications including lidocaine, menthol, and methyl salicylates. MTUS guidelines states that lidocaine is recommended for neuropathic pain. The documentation does not support this IW has neuropathic pain. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

Heating pad for low back pain (LBP) purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Online Version last updated 03/03/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back pain - cold/heat packs.

Decision rationale: CA MTUS is silent regarding this topic. ODG recommends heat packs in the setting of acute pain. The documentation supports the IW has ongoing, chronic back pain. There is no documentation to support the IW has ever used heat as a modality to treat her injuries, either at home or under the care of a therapist. Without this documentation to support previous use and efficacy, the request to purchase a heating pad is not medically necessary.

Electric moist heating pad purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary Online Version last updated 03/03/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain - cold/heat packs.

Decision rationale: CA MTUS is silent regarding this topic. ODG recommends heat packs in the setting of acute pain. The documentation supports the IW has ongoing, chronic back pain. There is no documentation to support the IW has ever used heat as a modality to treat her injuries, either at home or under the care of a therapist. Without this documentation to support previous use and efficacy, the request to purchase a heating pad is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) patch times 2 pairs purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The CA MTUS ACOEM guidelines recommend against the use of TENS units for the management of low back complaints. Additionally, the chronic pain management guidelines recommend against this therapy as a primary treatment, but support a one month home based trial. The IW has had the unit for at least several months according the record. The documentation submitted supports that the IW uses the TENS unit infrequently. Specific benefits related to the use of the unit are not discussed. Without this documentation, the improvement from the unit are not known. As such, the request for TENS patches are not medically necessary.