

Case Number:	CM15-0068807		
Date Assigned:	04/16/2015	Date of Injury:	11/20/2013
Decision Date:	05/15/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 58-year-old male who sustained an industrial injury on November 20, 2013. Prior treatment includes home exercise program, TENS unit, EMG/NCV of the lower extremities and medications. Currently the injured worker complains of low back pain which he rates a 7 on a 10-point scale without medications. TENS and Lidopro "helps". He reports associated symptoms of tingling and numbness in the left lower extremity. Objective findings include tenderness to palpation of the lumbar spine. Diagnoses associated with the request include strain of the groin, low back complaints and testicular pain. EMG/NCV from 4/30/14 reportedly revealed left sided L5-S1 radiculopathy. His treatment plan includes TENS unit, Gabapentin, Flexeril and Lidopro topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS patches and electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Utilization review dated 1/27/2015 shows a request for TENS machine which was denied. There is no documentation of the TENS machine being approved or if any trials were attempted. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of radicular pain. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1 month trial of TENS. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.

1 Prescription of Lidopro 12gm, #4oz.: Upheld

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

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

Decision rationale: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Lidopro contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of 1st line treatment failure. It is therefore not recommended. 3)Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain. Pt is on it chronically. Not medically recommended. 4) Menthol: There is no data on Menthol in the MTUS. Lidopro is not recommended. The request IS NOT medically necessary.