

<b>Case Number:</b>	CM15-0069854		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 (IW) is a 44-year-old male who sustained an industrial injury on 12/03/2012. Diagnoses include cervical degenerative disc disease, lower back pain, pain/thoracic spine, myofascial pain and lumbar radiculopathy. Treatment to date has included medications, TENS unit, heating pad and home exercise program. According to the progress notes dated 2/25/15, the IW reported continued low back pain radiating to the lower extremities with intermittent numbness. He reported medications relieve pain 80% to 90% and oral medications were reduced secondary to topical medication use. The IW was working and going to school. A request was made for Lidopro 4oz, #1 and TENS patch #2 pairs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 4 Oz #1 (Capsaicin, Lidocaine, Menthol and Methyl Salicylate): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 44 year old male has complained of neck pain and back pain since date of injury 12/3/12. He has been treated with TENS, physical therapy and medications. The current request is for Lidopro. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidopro is not indicated as medically necessary.

**TENS Patch #2 Pairs:** Upheld

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

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

**Decision rationale:** This 44 year old male has complained of neck pain and back pain since date of injury 12/3/12. He has been treated with TENS, physical therapy and medications. The current request is for TENS patch # 2 pairs. It is noted in the available medical records that the patient was using a TENS unit however there is no documentation of how often the TENS unit is being used as well as outcomes in terms of pain relief and function with use of the TENS unit. On the basis of the available medical records and per the MTUS guidelines cited above, TENS patch # 2 pairs is not indicated as medically necessary.