MAXIMUS Federal Services

Case Number:	CM15-0071538		
Date Assigned:	04/21/2015	Date of Injury:	06/30/2014
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 28-year-old male, who sustained an industrial injury on June 30, 2014. He reported that when he tried to push a stack of pallets back that were leaning forward, he felt a burning, sharp pain in his lower back region. The injured worker was diagnosed as having lumbalgia/lumbar intervertebral disc and lumbar sprain/strain. Treatment to date has included home exercise program (HEP), physical therapy, TENS, MRI, x-ray, and medication. Currently, the injured worker complains of low back pain. The Primary Treating Physician's report dated March 25, 2015, noted the injured worker reported that medications and the TENS unit help with the pain. The treatment plan was noted to include refilling medications, with no medication side effects noted, continuation of home exercise program (HEP) and TENS treatment, and recommendation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (6 sessions) Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 6 sessions to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbalgia/ lumbar inter-vertebral disc and lumbar sprain/strain. The most recent progress note in the medical records is dated March 4, 2015. The injured worker presented for HEP (home exercise program. Under the treatment plan, coaching and instruction was given to the injured worker. There was no clinical rationale in the most recent progress note (March 4, 2015) for additional physical therapy. There were no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Moreover, the injured worker presented for instruction and coaching for home exercise program. Consequently, absent clinical documentation with a clinical indication and rationale for additional physical therapy while receiving instruction for a home exercise program, physical therapy 6 sessions to the lumbar spine is not medically necessary.

TENS patch x 2: 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 TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS patches times 2 are not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbalgia/lumbar inter-vertebral disc and lumbar sprain/strain. The most recent progress note in the medical records is dated March 4, 2015. In a January 27, 2015 progress note, the treating provider discusses the use of a TENS unit in the treatment plan. There is no further discussion or TENS trial set forth in the medical record. In the most recent progress note dated March 4, 2015, there is no follow-up or documentation of TENS unit.

Consequently, absent clinical documentation with objective functional improvement with a TENS and a TENS one month trial, TENS patches times 2 are not medically necessary.

Lidopro ointment 121gm (4oz) #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 Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidopro ointment #121grams (4oz) #1 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains Capsaisin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are lumbalgia/lumbar inter-vertebral disc and lumbar sprain/strain. The most recent progress note in the medical records is dated March 4, 2015. There was a peer-to-peer physician conference between utilization review physician and treating physician on February 6, 2015. Lidopro was discussed in the conference and not covered. Topical lidocaine in non-Lidoderm form is not medically necessary. Capsaisin 0.0375% is not recommended. Any compounded product that contains at least one drug (topical lidocaine and non-Lidoderm form and Capsaisin 0.0375%) that is not recommended is not recommended. Consequently, Lidopro cream #121grams (4oz) is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidopro ointment #121grams (4oz) #1 is not medically necessary.