MAXIMUS Federal Services

Case Number:	CM15-0091263		
Date Assigned:	05/18/2015	Date of Injury:	02/04/2011
Decision Date:	06/18/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 50 year old male, who sustained an industrial injury on February 4, 2011. He reported low back pain and bilateral knee pain with radiating pain to the lower extremities and associated toe numbness and difficulty with ambulation. The injured worker was diagnosed as having bilateral knee internal derangement and lumbar radiculopathy. Treatment to date has included diagnostic studies, medications, aquatic therapy, TENS unit, home exercise plane, a gym membership and work restrictions. Currently, the injured worker complains of continued low back pain and bilateral knee pain with radiating pain to the lower extremities and associated toe numbness and difficulty with ambulation. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported steroid injections to the knee decreased pain. He also reported the pain was decreased with rest and medications and increased with activity. Evaluation on January 30, 2015, revealed continued pain as noted. A follow up, medications and TENS patches were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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. TENS to the knee is recommended as an option for osteoarthritis as an adjunct treatment to a therapeutic program. See the guidelines for additional details. In this case, the injured worker's working diagnoses are right knee internal derangement; left knee internal derangement; lumbar radiculopathy; and myofascial pain. The request for authorization dated April 15, 2015. There were two progress notes in the medical record from the treating/requesting provider. One progress note is dated March 16, 2015 and one progress note is dated May 6, 2015. There is no documentation in the medical record indicating the location of TENS treatment/application or prior objective functional improvement with TENS application. Consequently, absent clinical documentation with objective functional improvement of prior TENS use and the anatomical region for its application, TENS patches are not medically necessary.

Lidopro ointment: Upheld

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

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 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 right knee internal derangement; left knee internal derangement; lumbar radiculopathy; and myofascial pain. The request for authorization dated April 15, 2015. There were two progress notes in the medical record from the treating/requesting provider. One progress note is dated March 16, 2015 and one progress note is dated May 6, 2015. There is no request, clinical indication or clinical rationale in the progress note documentation from the treating provider. Additionally, Capsaisin 0.0325% is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Capsaisin 0.0325% and lidocaine and non-Lidoderm form) that is not recommended is not recommended. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, the lack of documentation with a clinical indication and rationale, Lidopro ointment is not medically necessary.

Appointment in 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, appointment in 4 weeks is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are right knee internal derangement; left knee internal derangement; lumbar radiculopathy; and myofascial pain. The request for authorization dated April 15, 2015. There were two progress notes in the medical record from the treating/requesting provider. One progress note is dated March 16, 2015 and one progress note is dated May 6, 2015. There is no contemporaneous progress note on or about the date of request for authorization (April 15, 2015). The May 6, 2015 progress note subjectively states the injured worker has bilateral knee pain. An orthopedic evaluation report is pending. The treating provider prescribed tramadol 150 mg ER and gabapentin 300 mg. The documentation states the injured worker is not taking gabapentin. Objectively, the documentation states tender to palpation knees and lumbar spine, no redness at injection site and no symptoms of infection. Treatment plan states continue TENS, heating pad and home exercise program, continue tramadol ER and await bilateral orthopedic evaluation. There is no documentation indicating the injured worker needs to return in four weeks. There were no therapeutic modalities documented

that require the injured worker be seen and evaluated in four weeks. An orthopedic report is pending and the injured worker is using a TENS unit (location not documented) and an opiate for pain relief. There is no clinical indication or rationale for a four week follow up office visit. Constantly, absent clinical documentation with a clinical indication or rationale for a four-week office visit, appointment in 4 weeks is not medically necessary.