

<b>Case Number:</b>	CM13-0000935		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	06/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63 year old female who was injured on 03/27/2013 when she stepped on ice and fell. Diagnostic studies reviewed include MRI of the lumbar spine with the following impression: 1) Prominent facet arthropathy at L4-L5. Results in Grade I spondylolisthesis of 4 mm forward slippage L4 on L5, 2) Multilevel degenerative disc disease, more marked L4-5 and L5-S1 with a broad-based anterior disc osteophyte complex at L5-S1. 3) L4-5: Moderate acquired central and more severe lateral recess/foraminal narrowing on a multifactorial basis. There is broad-based posterior annular bulge plus a far right lateral protrusion. 4) L3-4: Moderate biforaminal stenosis due to lateral disc. Progress note dated 06/12/2013 documented the patient with complaints of low back pain and radiculopathy. Level L4 disc injury is most likely consistent with her symptomatology. Diagnoses: 1.Stress right hip 2.Pain right hip 3.Trochanteric bursitis right hip 4.Sprain sacroiliac joint 5.Intervertebral lumbar disc with radiculopathy. Treatment Plan: 1.Celebrex 200 mg 2.Flector patch 3.Norco tabs. Referrals: Physical therapy. Special instruction: Home TENS unit for use bid-tid for 3 months two times a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME TENS (TRANSCUTANEOUS ELECTRIC NERVE STIMULATION) UNIT FOR 3 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electric Nerve Stimulation) Page(s): 114,116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

**Decision rationale:** According to the CA MTUS, TENS (Transcutaneous Electric Nerve Stimulation) unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the following conditions: Neuropathic pain, Phantom limb pain and CRPS II, spasticity, and multiple sclerosis. The medical records do not demonstrate the patient has any of these conditions. Furthermore, the medical records do not establish this patient has failed standard interventions. Nevertheless, according to the available records, the patient was authorized a 30 day TENS unit trial on 6/24/13. The medical records do not provide a detailed assessment of her response to that trial. Review of the medical records do not document any reduction in pain medication use and pain level, increased function with use of the device. Consequently, the request for home TENS unit for 3 months is not medically necessary and appropriate.

**FLECTOR PATCHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** As per CA MTUS guidelines, Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. ODG - Flector patch (Diclofenac Epolamine) - Not recommended as a first-line treatment. See the Diclofenac listing, where topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with Diclofenac, including topical formulations. According to the guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines document that Voltaren gel is FDA approved agent indicated for relief osteoarthritic pain in joints that lend themselves topical treatment, which does not include the spine or hip. Flector patch is not recommended as a first-line therapy. The medical records do not establish the patient is unable to utilize and tolerate standard oral analgesics, which would be considered first-line therapy. It is also not established that the patient has OA pain in a joint amendable to topical application. Therefore, the request for Flector patches is not medically necessary and appropriate.