

Case Number:	CM13-0044032		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2003
Decision Date:	03/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 physician 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:

According to the records made available for review, this is a 60-year-old female with a 4/1/03 date of injury. At the time of request for authorization for 1 TENS unit, unknown supplies, and prescription refill for Dendracin lotion, there is documentation of subjective (cervical spine and right wrist complaints with stiffness and soreness in the right wrist) and objective (decreased cervical spine range of motion and paraspinal tenderness; and tenderness over the right wrist) findings, current diagnoses (cervical spine sprain/strain, thoracic spine sprain/strain, bilateral wrist tendonitis, and history of right carpal tunnel release), and treatment to date (acupuncture treatment, chiropractic treatment, and medications). 9/3/13 medical report's treatment plan identifies that patient has benefitted from EMS with both chiropractic and acupuncture practitioners and therefore requesting authorization for TENS unit for home use. Regarding the TENS unit, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. Regarding Dendracin lotion, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) TENS unit through [REDACTED] between 9/3/13/ and 11/21/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS as criteria necessary to support the medical necessity of a month trial of a TENS unit. Within the medical information available for review, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. In addition, given documentation of a request for 1 TENS unit through [REDACTED] between 9/3/13/ and 11/21/13, the requested duration/timeframe exceeds guidelines (for a one month trial period). Therefore, based on guidelines and a review of the evidence, the request for 1 TENS unit through [REDACTED] between 9/3/13/ and 11/21/13 is not medically necessary.

Unknown TENS unit through [REDACTED] between 9/3/13 and 11/21/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS as criteria necessary to support the medical necessity of a month trial of TENS unit. Within the medical information available for review, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. In addition, given documentation of a request for 1 TENS unit through [REDACTED] between 9/3/13/ and 11/21/13, the requested duration/timeframe exceeds guidelines (for a one month trial period). Therefore, based on guidelines and a review of the evidence, the request for unknown TENS unit through [REDACTED] between 9/3/13 and 11/21/13 is not medically necessary.

One (1) prescription refill for Dendracin lotion 120ml between 9/3/13 and 11/21/13: 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): 111-113.

Decision rationale: Dendracin (Capsaicin/Menthol/Methyl Salicylate/ Benzocaine) is a topical analgesic used for temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed as criteria necessary to support the medical necessity of Dendracin lotion. In addition, MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Within the medical information available for review, despite documentation of a diagnosis of cervical spine sprain/strain, thoracic spine sprain/strain, bilateral wrist tendonitis, and history of right carpal tunnel release, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, Dendracin lotion contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription refill for Dendracin lotion 120ml between 9/3/13 and 11/21/13 is not medically necessary.