

<b>Case Number:</b>	CM13-0056525		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Internal Medicine and Pulmonary Diseases 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:

The patient is a 48-year-old female who reported an injury on 08/19/2011 after she lost her balance and twisted her left ankle. The patient's treatment history has included acupuncture, physical therapy, a home exercise program, and medications. The patient's most recent clinical evaluation documented that the patient had persistent 5/10 to 7/10 pain. Physical findings included tenderness to palpation along the lumbar spine, left sacroiliac joint and left paraspinal musculature with a positive left sided straight leg raising test and limited range of motion secondary to pain. The patient's diagnoses included a left ankle sprain/strain, tenosynovitis of the posterior tibialis, tenosynovitis and Achilles tendinitis, arthritic changes of the talonavicular joint, and lumbar musculoligamentous sprain/strain with left lower extremity radiculitis. A request was made for refills of Voltaren gel as this had provided the patient pain relief previously. Additionally, a request was made for a TENS unit as the patient had had a beneficial response through an in office trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel:** 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:** The requested unknown prescription of Voltaren gel is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule support the use of Voltaren gel for short durations of treatment of up to 2 weeks with maximum dosing not to exceed 32 gm per day. The request does not include a duration, frequency of treatment or dosing. Therefore, the appropriateness of the continued use of this medication cannot be determined. Additionally, the clinical documentation submitted for review does provide evidence that the patient has been using this medication for an extended duration. Therefore, continued use would not be supported. As such, the requested unknown prescription of Voltaren gel is not medically necessary or appropriate.

**one (1) TENS unit:** Upheld

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

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

**Decision rationale:** The requested 1 TENS unit is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends the use of a TENS unit as an adjunct therapy to an active therapy program. The clinical documentation submitted for review does not provide any evidence that the patient is participating in an active therapy program that would benefit from an adjunct therapy such as a TENS unit. Additionally, the California Medical Treatment and Utilization Schedule recommends that a 30 day trial documenting functional benefit and symptom response support the purchase of a TENS unit. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a 30-day home trial that has provided documented functional benefit and pain relief. Additionally, the California Medical Treatment and Utilization Schedule recommends the use of a TENS unit after all other chronic pain treatment modalities have been exhausted. There is no documentation that the patient has received any chronic pain treatment directed towards the low back. Therefore, the use of a TENS unit is not medically necessary or appropriate.