

<b>Case Number:</b>	CM14-0159351		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 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 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:

According to the records made available for review, this is a 25-year-old male with an 8/24/12 date of injury. At the time (8/22/14) of request for authorization for Diclofenac/Lidocaine (3%/5%) and TENS unit 30 day trial for quadriceps of the right leg (dual TENS/EMS unit), there is documentation of subjective (neck, lower back, and bilateral knee pain) and objective (decreased cervical spine range of motion, tenderness over the paraspinals and trapezius muscles, decreased lumbar spine range of motion, and tenderness over the medial and lateral joint lines of right knee) findings, current diagnoses (right knee patellar pain, status post right knee arthroscopy, cervical sprain/strain, and lumbar sprain/strain), and treatment to date (medications). Medical report identifies a request for a 30 day trial of TENS unit for the lumbar spine as well as the quadriceps of the right leg. In addition, medical report identifies an associated request for physical therapy. Regarding 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/Lidocaine (3%/5%):** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; 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; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right knee patellar pain, status post right knee arthroscopy, cervical sprain/strain, and lumbar sprain/strain. However, the requested Diclofenac/Lidocaine (3%/5%) contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac/Lidocaine (3%/5%) is not medically necessary.

**TENS unit 30 day trial for quadriceps of the right leg (dual TENS/EMS unit):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**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 identifies 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 diagnoses of right knee patellar pain, status post right knee arthroscopy, cervical sprain/strain, and lumbar sprain/strain. In addition, there is documentation of a request for a request for a 30 day trial of TENS unit for the lumbar spine as well as the quadriceps of the right leg. Furthermore, there is documentation of pain of at least three months duration and a treatment plan including the specific short- and long-term goals of treatment with the TENS. However, despite documentation of ongoing treatment with medications, and given documentation of records reflecting an associated request for physical therapy, there is no documentation of evidence that other appropriate pain modalities have been tried (physical modalities) and failed. In addition, 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. Therefore, based on guidelines and a review of the evidence, the request for TENS unit 30 day trial for quadriceps of the right leg (dual TENS/EMS unit) is not medically necessary.