

<b>Case Number:</b>	CM14-0182960		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 60-year-old female with a date of injury of 10/16/2012. The listed diagnoses are: 1. Foot pain. 2. Hand pain. 3. Pain in joint of lower leg. 4. Wrist pain. 5. Thoracic pain. According to progress report 09/25/2014, the patient presents with right upper extremity pain, ankle pain, and right foot pain. Treater states that the patient was unable to fill Salonpas patches at the pharmacy as she was told this is an over-the-counter medication. The patient's medication regimen includes Salonpas large patch, atenolol 50 mg, glipizide 5 mg, hydralazine 10 mg, losartan potassium 50 mg, metformin XL 500 mg, Valium 5 mg, and Norco 5/325 mg. Examination of the right wrist revealed asymmetry and bony radial wrist 1 x 1 cm abnormality with restricted range of motion. Examination of the right hand revealed restricted range of motion with pain and tenderness to palpation over the hypothenar eminence. Examination of the right ankle revealed restricted movements with pain and tenderness noted over the deltoid ligament and fibulocalcaneal ligament. Treater is requesting additional acupuncture x6 visits, a trial of TENS unit for 30 days and Salonpas large patches. Utilization review denied the request on 10/07/2014. Treatment reports from 03/06/2014 to 09/25/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture x 6 visits, eval & treatment upper back, arms, wrists, hands, right leg, right and right foot:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** This patient presents with right upper extremity pain, ankle pain, and right foot pain. Treater is requesting additional acupuncture sessions. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. For additional treatment, MTUS requires functional improvement as defined by Labor Code 9792.20(e) as significant improvement in ADLs, or change in work status AND reduced dependence on medical treatments. Progress report 09/25/2014 indicates that the patient has had 18 acupuncture sessions total and "her first 6 sessions of 2014 were just completed." Additional 6 sessions are being requested. Acupuncture therapy reports were not provided for review. Treater states that previous acupuncture has been "helpful in achieving moderate pain relief for several days." The patient reported better sleep, decreased headaches, less neck pain and radiating pain to arms. In this case, the treater states that prior acupuncture treatments have been beneficial and has provided specific functional improvement. Given such, the requested 6 additional acupuncture treatments is medically necessary.

**TENS unit trial x 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, for chronic pain.

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

**Decision rationale:** This patient presents with back, foot, hand, and wrist pain. Treater is requesting a TENS unit trial x30 days for myofascial pain. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. Utilization review denied the request stating, the claimant is nearly 2 years post injury and presents with ongoing symptoms. However, there is insufficient evidence of clinical gains from prior modality use. It is not clear whether or not TENS unit has been tried in the past, particularly in a home-setting. In this case, there is no indication of neuropathy or other conditions for which a TENS unit trial may be indicated. The patient presents with back, foot, hand, wrist pains only that is non-neuropathic. Given the lack of indication, TENS unit trial x 30 days is not medically necessary.

**Salonpas large patch, apply one to two patches to affected body part once per day as needed #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic; Medications for chronic pain Page(s): 111,60-61.

**Decision rationale:** This patient presents with back, ankle, foot, and wrist pain. Treater is requesting Salonpas large patch to be applied 1 to 2 patches to the affected body part once per day as needed #60. The MTUS Guidelines page 111 allow for the use of topical NSAID for peripheral joint arthritis and tendonitis. The ODG Guidelines supports Ben-gay, which contains similar products as Salonpas patches, for acute chronic pain conditions, particularly osteoarthritis. In this case, the patient suffers from hand and wrist pain, which meets the indication for use; however, there is no discussion of efficacy. MTUS page 60 requires recordings of pain assessment and functional improvement when medications are used for chronic pain. Given there is no discussion regarding the effectiveness of these patches, the Salonpas large patch, apply one to two patches to affected body part once per day as needed #60 is not medically necessary.