

<b>Case Number:</b>	CM14-0021844		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/18/2007
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Tennessee. 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 male who has submitted a claim for malfunctioning internal orthopedic device associated with an industrial injury date of September 18, 2007. Medical records provided for review only state that the patient has a clunking noise in the knee. Treatment to date has included total knee replacement, TENS, and unspecified conservative treatment for a year. A utilization review from January 30, 2014 denied the request for rental of transcutaneous electrical nerve stimulator (TENS) one month trial because there is no documentation of objective measures of success such as medication reduction, objective functional improvement with past use of the TENS unit which was stolen, and denied the request for Kapishot #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RENTAL OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) ONE MONTH TRIAL: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS Page(s): 114-116.

**Decision rationale:** As stated on pages 114-116 of the MTUS Chronic Pain Guidelines, TENS 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. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient has had TENS treatment and claims that his TENS unit was stolen. However, there is no documentation of pain relief or functional improvement with the use of a TENS unit. Moreover, there was no history or physical examination finding in the documents submitted for review. Therefore, the request is not medically necessary.

**KAPISHOT #60 TOPICAL ANALGESIC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** As stated on pages 111-112 of the MTUS Chronic Pain Guidelines, the use of topical creams are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. Most of these agents are compounded. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, Kapishot was prescribed; however, the rationale is unknown due to lack of documentation. Also, there was no mention whether the patient responded to or is intolerant to other treatments. Moreover, there was no history or physical examination finding in the documents submitted for review. The medical necessity for topical analgesic was not established. Therefore, the request is not medically necessary and appropriate.