

<b>Case Number:</b>	CM14-0037429		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/21/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Medicine and is licensed to practice in Texas and Florida. 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 46 year-old male who was injured on 3/21/2010. The diagnoses are neck pain, cervical spondylosis, status post inguinal and umbilical hernias repair and low back pain. The 2011 MRI showed mild cervical and lumbar spine spondylosis. The EMG/NCV tests were normal. On 3/17/2014, [REDACTED] documented subjective complaints of neck pain, low back pain, abdominal and groin pain. The patient was using a Cane to ambulate but reported normal ADL. The physical examination showed slightly decreased range of motion of the lumbar spine and tenderness over the right sacroiliac joint. The medications are Norco and ibuprofen for pain and topical Terocin cream for pain. A Utilization Review determination was rendered on 3/26/2014 recommending non certification for Terocin topical pain cream prescribed on 3/17/2014 and a modified certification for 2 months rental of transcutaneous electrical stimulator (TENS) Unit to 1 month rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 month rental of a transcutaneous electrical nerve stimulator (TENS) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), chronic pain Page(s): 114, 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG addressed the use of therapeutic electrical stimulation for the treatment of chronic pain. Transcutaneous electrical nerve stimulation (TENS) can be beneficial for patients who cannot tolerate medication management because of the presence of severe side effects. The guidelines recommend an initial 1 month trial of TENS with detailed documentation of methodology and beneficial effects before treatment with TENS can be extended. The records indicate a modified initial approval for 1 month rental of the TENS unit rather than the requested 2 months rental. The criteria for modified 1 month rental of TENS unit rental was met. Therefore, the request is not medically necessary.

**Terocin Topical Pain Cream, as prescribed on 3/17/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): : 105, 112-113.

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

**Decision rationale:** The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesic preparations can be utilized in the treatment of neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. The record did not show that the patient have failed these first-line medications. The Terocin topical pain cream contains menthol 10%, lidocaine 2.5%, capsaicin 0.025% and methyl salicylate 25%. The guidelines does recommend that lidocaine and capsaicin be used as solo formulations and not be combined in any compound formulation with other products. The addition of menthol in topical formulation does not have FDA or guideline approved indication. The criteria for the use of Terocin was not met. Therefore, the request is not medically necessary.