

Case Number:	CM14-0051743		
Date Assigned:	07/09/2014	Date of Injury:	09/24/2012
Decision Date:	08/27/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/19/2014

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 Internal Medicine and is licensed to practice in Arizona. 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:

This 51-year-old male complainant has a date of injury on September 24, 2012 which occurred from his work of recurrent heavy lifting. He has chronic intermittent lumbar back pain with remote radicular symptoms, but none currently. This outside medical review is to determine if a retrospective usage of the transcutaneous electric nerve stimulation (TENS) unit, TENS patches and Terocin cream are warranted. On April 23, 2014 the managing physician responded to a Non Certification of the TENS, by stating that the patient had a flare in his pain which had been refractory for 3 to 4 weeks. The records only show one progress note, dated May 30, 2013, where the physician mentioned that the patient should have a TENS, with 2 packages. It is unclear if he ended up renting or purchasing the TENS and whether he still has it. There is no documentation indicating if the patient benefited from the TENS. He has previously tried chiropractic treatments, exercise, medications which includes Trazodone, anti-inflammatories, and Citalopram. His April 29, 2013 lumbar MRI, showed neuroforaminal crowding of the right L5 nerve. He has degenerative disc disease at L5-S1 to L4-5. He additionally has rotational scoliosis with a pelvic tilt. He suffers from major depression and was sent for psychiatric consultation March 4, 2014. He remotely was a locksmith and frequently had to do labor-intensive work, sometimes carrying heavy safes up ladders. He had to stop work in September 2012, for pain and psychiatric reasons and underwent retraining. In the fall of 2013 he became a chef/cook on a line. He is able to stand without problems, but has been given modified work activities which include reduced lifting, bending, pushing and pulling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 TENS treatment - 5/30/2013:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R., 9792.20-9792.26, PainInterventions and Treatments, TENS, post operative pain Page(s): 116.

Decision rationale: The MTUS summarizes their recommended criteria for the use of TENS as follows:Criteria For The Use of Tens: Chronic intractable pain, Documentation of pain of at least three months duration, There is evidence that other appropriate pain modalities have been tried (including medication) and failed, 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The request for the usage of a TENS does not meet the above criteria, in light of the physician's report that the pain had been refractory for 3-4 weeks (instead of the minimal requirement of 3 months). If the physician's report had erroneously meant 3-4 months, then it would need to be clear if any measures had been taken to help the pain in the recent timeframe since the pain had flared. It is for this reason that the TENS is deemed not medically necessary.

Retrospective request for 1 request to refill Terocin topical 120ml and 2 packages of TENS patches - 5/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 California Code ofRegulations, 9792.20-9792.26, Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate, Methyl salicylate and menthol: Drug information. U.S.Food and Drug Administration, Topical Pain Relievers May CauseBurns, posted Sept 13, 2012.

Decision rationale: The MTUS summarizes their recommended criteria for the use of TENS as follows:Criteria For The Use of Tens: Chronic intractable pain, Documentation of pain of at least three months duration, There is evidence that other appropriate pain modalities have been tried (including medication) and failed, 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usageA treatment plan including the specific short- and long-term goals of treatment with the TENS unit

should be submitted. The request for the usage of a TENS does not meet the above criteria, in light of the physician's report that the pain had been refractory for 3-4 weeks (instead of the minimal requirement of 3 months). If the physician's report had erroneously meant 3-4 months, then it would need to be clear if any measures had been taken to help the pain in the recent timeframe since the pain had flared. It is for this reason that the TENS is deemed not medically necessary.