

Case Number:	CM14-0072769		
Date Assigned:	07/16/2014	Date of Injury:	11/03/1997
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational Medicine, 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 claimant was injured on 11/03/1997. Terocin patches and TENS unit supplies for 3 months are under review. The claimant saw [REDACTED] on 01/06/2014 for chronic low back pain radiating to the right lower extremity at level 2-3/10. He had been attending acupuncture sessions that helped him with his pain. He was using Terocin patches. His findings included no acute distress, normal gait, range of motion limited in all planes with tenderness and some spasm. He had diminished sensation over the right L5 and S1 dermatomes. EHL strength was 4+/5 and otherwise normal. Diagnoses included adjacent segment disease at L3-4 with mild to moderate canal stenosis and moderate bilateral neural foraminal narrowing. He is status post lumbar fusion at L4-5 and L5-S1 in 1998 and has chronic low back pain. TENS unit supplies and Terocin patches were recommended. TENS unit supplies were approved for a 3 month supply. The claimant is reportedly doing an independent home exercise program. He saw [REDACTED] on 02/18/2014. He had been stable since his last visit. Acupuncture had helped. He was using a heating pad that helped. TENS unit supplies had not been approved. Terocin patches were helpful. He was also taking some tramadol on rare occasions. Therapy and acupuncture along with supplies for the TENS unit were recommended. Terocin patches were recommended as needed along with Tramadol ER for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches # 10 for date of service 01/06/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Terocin patches. The MTUS states "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no evidence of failure of all other first line drugs including acetaminophen. The claimant received refills of his other medications, including tramadol ER with no documentation of intolerance or lack of effect. Therefore, this request is not medically necessary.

TENS unit supplies for date of service 01/06/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 146.

Decision rationale: The history and documentation do not objectively support the request for TENS unit supplies. The MTUS states that a "TENS, chronic pain (transcutaneous electrical nerve stimulation) 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain; A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use); Neuropathic pain: Some evidence, including diabetic neuropathy and post-herpetic neuralgia. Phantom limb pain and CRPS II; some evidence to support use. Spasticity; TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. In this case, there is no evidence of any of the above conditions. The claimant has chronic pain and has been using a TENS unit and exercising. However, there is no specific description of the objective measurable or functional benefit that he gets from TENS. Despite its use, the claimant has also been given other medications,

including tramadol and Terocin patches and has been referred to acupuncture despite the use of the TENS unit. Therefore, this request is not medically necessary.