

<b>Case Number:</b>	CM14-0115415		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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, has a subspecialty in Nephrology 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 62-year-old female who has submitted a claim for left thumb carpometacarpal arthritis and basal joint instability, first dorsal compartment tenosynovitis of the left wrist, left lateral epicondylitis, ulnar and median nerve neuropraxia and Stage 2 renal failure with hyperuricemia associated with an industrial injury date of 1/31/2014. Medical records from 2014 were reviewed. The patient complained of neck pain radiating to bilateral upper extremities rated 7-8/10 in severity. Application of topical cream and use of a TENS unit resulted to 50% reduction in nerve pain. Physical examination of the cervical spine showed tenderness, limited motion and muscle spasm. The left carpometacarpal joint was moderately tender. A left thumb grind test was mild. Motor strength of left C6 to C8 myotomes was rated 4/5. Treatment to date has included bracing, TENS unit and medications. The utilization review from 7/21/2014 denied the request for TENS unit because there was no report of functional benefit from electrical stimulation under the supervision of a licensed physical therapist; and denied Pennsaid 2% bottle because of no evidence of intolerance to oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

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

**Decision rationale:** As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are 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. In this case, the patient was recommended to use a TENS unit for chronic neck pain radiating to upper extremities. She reported 50% pain reduction with its use. However, there is no documentation concerning functional improvement attributed to its use. Moreover, there is no evidence of an exercise program to be used in conjunction with TENS therapy; it is not recommended as a solitary treatment modality. Therefore, the request for TENS unit is not medically necessary.

**Pennsaid 2% (Bottle):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pennsaid® (diclofenac sodium topical solution)

**Decision rationale:** Page 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The Official Disability Guidelines recommend topical diclofenac for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. In this case, the patient is a diagnosed case of Stage 2 renal failure with hyperuricemia. She reported decreased pain with Pennsaid use. The medical necessity for prescribing a topical drug formulation has been established. However, the present request as submitted failed to specify quantity to be dispensed. Therefore, the request for Pennsaid 2% (Bottle) is not medically necessary.