

<b>Case Number:</b>	CM14-0208120		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a male patient with the date of injury of April 23, 2003. A Utilization Review dated November 14, 2014 recommended non-certification of 1 TENS unit and 6 months worth of TENS unit supplies and modification of 1 prescription of Celebrex 100mg #60 with 3 refills to 1 prescription of Celebrex 100mg #60. A Progress Report dated October 29, 2014 identifies Subjective Complaints of persistent right knee pain problems. His pain is associated with spasms in the right leg. He recently received TENS unit for trial basis and reports it is helping to decrease his pain and also spasms. He is able to increase in his activity level and has noted increase tolerance to walking and standing with use of his current medications and TENS unit. Objective findings identify antalgic gait noted on right. Tenderness noted in the right knee joint line. Strength is 4+/5 in the right knee extension and flexion. Diagnoses identify right knee pain, status post right knee arthroscopy, status post partial medial meniscectomy, status post patellar chondroplasty, degenerative joint disease right knee, and left knee pain. Treatment Plan identifies authorization for TENS unit purchase with 6 months supplies and Celebrex 100 mg p.o. b.i.d. #60 with 3 refills.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** Regarding the request for TENS unit, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. There is no mention of how often the TENS unit was used. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

**6 months worth of TENS unit supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** Regarding the request for 6 months worth of TENS unit supplies, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. There is no mention of how often the TENS unit was used. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested 6 months worth of TENS unit supplies is not medically necessary.

**Celebrex 100mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 30.

**Decision rationale:** Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. In the absence of such documentation, the currently requested celecoxib (Celebrex) is not medically necessary.