

<b>Case Number:</b>	CM15-0132944		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 38 year old female who sustained an industrial injury on 09/13/2012 resulting in pain to the bilateral wrist and neck. Treatment provided to date has included: physical therapy, chiropractic treatments and medications which have all resulted in improved function and range of motion (ROM), and reduced pain. Diagnostic tests performed include: electro diagnostic and nerve conduction studies of the upper extremities (2013) which were negative for any abnormalities. There were no noted comorbidities or other dates of injury noted. On 05/15/2015, physician progress report noted complaints of neck pain and continued bilateral wrist pain. The pain was not rated and no description was provided. Additional complaints included difficulty with gripping and grasping, repetitive motions, keyboarding, lifting, pushing and pulling. Current medications include Lidocaine gel. The physical exam revealed tenderness to palpation of the cervical spine, spasms, restricted ROM in the cervical spine, tenderness to palpation of both wrist, and restricted ROM in bilaterally wrist. The provider noted diagnoses of cervical strain, repetitive stress injury to the wrist. Plan of care includes ibuprofen 600mg, Lidocaine gel, and TENS (transcutaneous electrical nerve stimulation) trial for the wrist. The injured worker's work status remained permanent and stationary with restrictions. The request for authorization and IMR (independent medical review) includes: a 30 day trial of a TENS unit for bilateral wrists, and lido hydrochloride gel 3% with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) for Bilateral Wrists, 30 day trial:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

**Decision rationale:** According to the MTUS guidelines: Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. 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. A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS, and for CRPS I. There is some evidence suggested for neuropathic pain, including diabetic neuropathy, and post-herpetic neuralgia; and TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. Criteria for the use of TENS includes: 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; 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; and 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. After reviewing the clinical notes, it has been determined that there is lack of evidence to show: 1) other appropriate pain modalities have been tried and failed; 2) appropriate diagnosis or evidence of neuropathic pain, CRPS, or CRPS I; and 3) documentation of pain of at least three months duration; and 4) a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. As such, the requested trial of a TENS unit is not medically necessary.

**Lido Hydrochloride Gel 3%, with 2 refills:** Upheld

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

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

**Decision rationale:** Lido hydrochloride gel is a form of Lidocaine. According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidocaine, are primarily recommended

for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as Gabapentin or Lyrica). Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, there are no diagnoses or documented evidence of neuropathic pain and electrodiagnostic testing came back normal. In addition, there is no evidence of failed trials of recommended first-line therapy (tricyclic or SNRI anti-depressants or antiepileptic drugs). As such, medical necessity of the requested lido hydrochloride gel has not been established. The requested lido hydrochloride 3% gel with 2 refills is not medically necessary.