

Case Number:	CM15-0189993		
Date Assigned:	10/02/2015	Date of Injury:	08/12/2011
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 40 year old female, who sustained an industrial injury on 08-12-2011. She has reported subsequent neck, low back, bilateral upper extremity and bilateral lower extremity pain and was diagnosed with complex regional pain syndrome of the right lower extremity, complex regional pain syndrome of the left lower extremity rule out, suspected chronic regional pain syndrome of the upper extremities and chronic pain syndrome. MRI of the lower joint, right on 10-3-2011 showed suspected focal degenerative changes of the calcaneocuboid joint with subcortical cyst on the cuboid side, patchy marrow edema in the talus, posterior tibial plafond and inferior navicular and mild sprain of the calcaneonavicular ligament. CT of the right foot on 7-2-2012 showed diffuse osteopenic changes of the right foot, subtle lucencies of cuboid at articulation with bases of the 4th and 5th metatarsals and calcaneous at its' articulation with the cuboid and diffuse osteopenia. Treatment to date has included oral and topical pain medication, spinal cord stimulator placement and a home exercise program. Pain medication and spinal cord stimulator were noted to provide good pain relief and to allow the injured worker to complete activities of daily living. In a progress note dated 07-23-2015, the injured worker reported intermittent neck pain radiating to the bilateral upper extremities with tingling and frequent low back pain radiating to the bilateral lower extremities right greater than left with numbness. Pain was rated as 9 out of 10 without medications and 5-6 out of 10 with medications with activity limitations due to pain. Pain relief from medication was noted to last for 4 hours and the injured worker reported 40% improvement due to medication. Pain was reported as unchanged from the previous visit. Objective examination findings revealed hypersensitivity in the bilateral upper extremities, allodynia in the bilateral upper

extremities, tenderness to palpation of the right foot and hypersensitivity and allodynia in the bilateral lower extremities. The physician noted that TENS unit lotion - aloe vera and vitamin E were being requested but did not indicate the reason for the request. Work status was documented as off work. A request for authorization of TENS unit lotion #2 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit lotion #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit lotion #2 is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, use the injured worker's working diagnoses are complex regional pain syndrome right lower extremity; complex regional pain syndrome left lower extremity rule out; chronic pain; suspected CRPS upper extremities. Date of injury is August 12, 2011. Request for authorization is dated September 2, 2015. According to a progress note dated July 23, 2015, subjective complaints include neck pain, low back pain and lower extremity pain. The injured worker states the spinal cord stimulator is not covering the right area. The treating provider is requesting TENS unit lotion. TENS unit lotion consists of Aloe vera and vitamin E. There is no clinical rationale indicating how this TENS unit lotion will assist in the clinical care and outcome of the injured worker. Stated differently, there is no clinical rationale for the TENS unit lotion. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, and no clinical indication or rationale for TENS unit lotion, TENS unit lotion #2 is not medically necessary.