

<b>Case Number:</b>	CM15-0190510		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	02/10/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on 2-10-2015. A review of the medical records indicates that the injured worker is undergoing treatment for chondromalacia patella, contusion of the knee, ankle sprain-strain, and lumbar region sprain-strain. On 9-11-2015, the injured worker reported bilateral knee pain with the least pain rated 3 out of 10 and the worst pain 6 out of 10, unchanged since 8-14-2015, with radiation down the leg, low back pain radiating to the mid back to thoracic area into the left shoulder and occasionally into the groin, with the least pain rated 3 out of 10 and the worst pain rated 6 out of 10, 5 out of 10 on 8-14-2015, with numbness in the left lateral thigh, and right ankle pain with the least pain rated 2 out of 10 and the worst pain rated 4 out of 10, unchanged since 8-14-2015. The Treating Physician's report dated 9-11-2015, noted the injured worker had completed three physical therapy sessions with the pain in the right knee improved. The injured worker's current medications were noted to include Albuterol inhaler, Hydrochlorothiazide, Flexeril, and Celebrex. The physical examination was noted to show the bilateral knees with slight effusion, the right knee with moderate tenderness to palpation at the medial joint line, and the left knee with pain deep in the patella with mild tenderness at the distal patella. The right ankle was noted to have slight swelling at the lateral aspect with minimal tenderness to palpation at the medial, lateral, posterior, or anterior aspects of the ankle. X-rays of the right knee on 8-21-2015 were noted to show mild narrowing of the medial compartment joint space of the right knee. The Physician noted the injured worker's right knee pain had improved largely due to completion of three sessions of physical therapy with requests for additional sessions of physical therapy. A

TENS unit was noted to have been trialed during physical therapy which was noted to have helped significantly to reduce her pain and allow her to achieve functional gains, with request for a TENS unit for home use. A Plastazote orthotics was requested to allow the injured worker to return to her regular work duties. The injured worker was noted to be in need of ongoing anti-inflammatory medication to control her pain with a refill of Celebrex requested. The Celebrex was noted to have been prescribed since 7-1-2015, with discontinuation at that time of Relafen due to lethargy side effect and reduction in the dose of Flexeril due to the sedating effects. The injured worker's work status was noted to be modified work with restrictions. The request for authorization dated 9-16-2015, requested custom Plastazote orthotics with PPT covering Qty: 1.00, Celebrex 200mg Qty: 60.00 and TENS unit with electrodes (indefinite use) Qty: 1.00. The Utilization Review (UR) dated 9-23-2015, approved the requested custom Plastazote orthotics with PPT covering, modified the request for TENS unit with electrodes (indefinite use) Qty: 1.00 to approve TENS unit with electrodes for a thirty day trial, and denied the requests for Celebrex 200mg Qty: 60.00, and TENS unit with electrodes (indefinite use) Qty: 1.00.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit with electrodes (indefinite use) Qty: 1.00: 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 rationale:** Based on the 9/11/15 progress report provided by the treating physician, this patient presents with lumbar spine pain, bilateral knee pain, right ankle pain rated 3/10 at least and 6/10 at worst. The treater has asked for TENS UNIT WITH ELECTRODES (INDEFINITE USE) QTY 1.00 on 9/11/15. The patient's diagnoses per request for authorization dated 9/16/15 are chondromalacia of patella, contusion of the knee. The patient is s/p 3 sessions of physical therapy with improved right knee pain, but continues to have pain in right ankle with weight bearing per 9/11/15 report. The patient states that physical therapy improves her pain by 50% and provides her 2 days of relief after each session per 9/11/15 report. The patient has trialed a TENS unit during physical therapy, which has helped her to reduce her pain per 9/11/15 report. The patient has locking and clicking in right knee per 7/17/15 report. The patient is currently on work restrictions since 7/1/15 per 9/11/15 report. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: 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. In this case, the provider is requesting a TENS unit for this patient's continuing right shoulder, rib, and left wrist pain. However, there is no documentation of intent to perform a 30-day trial prior to purchase. Progress note dated 9/11/15 does note that application of the unit during physical therapy was effective at reducing this patient's pain. Were the request for a 30 day trial of the unit, the recommendation would be for approval. As there is no evidence of a successful 30 day trial

performed previously, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Celebrex 200mg Qty: 60.00:** 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): Anti-inflammatory medications.

**Decision rationale:** Based on the 9/11/15 progress report provided by the treating physician, this patient presents with lumbar spine pain, bilateral knee pain, right ankle pain rated 3/10 at least and 6/10 at worst. The treater has asked for CELEBREX 200MG QTY 60.00 on 9/11/15. The request for authorization was not included in provided reports. The patient is s/p 3 sessions of physical therapy with improved right knee pain, but continues to have pain in right ankle with weight bearing per 9/11/15 report. The patient states that physical therapy improves her pain by 50% and provides her 2 days of relief after each session per 9/11/15 report. The patient has trialed a TENS unit during physical therapy, which has helped her to reduce her pain per 9/11/15 report. The patient has locking and clicking in right knee per 7/17/15 report. The patient is currently on work restrictions since 7/1/15 per 9/11/15 report. MTUS Chronic Pain Medical Treatment Guidelines, page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. MTUS Chronic Pain Medical Treatment Guidelines, pg. 70-73 Selective COX-2 NSAIDS, for Celecoxib (Celebrex), states this is the only available COX-2 in the United States and that the Recommended Dose is 200 mg a day (single dose or 100 mg twice a day). The treater has not discussed this request; no RFA was provided either. Review of the medical records provided indicates that the patient was first prescribed Celebrex in 7/1/15 report. The patient is taking Celebrex in subsequent reports dated 7/17/15, 8/14/15, and 9/11/15. However, the treater has not documented how this medication has impacted the patient's pain and functional improvement. MTUS page 60 also states, A record of pain and function with the medication should be recorded, when medications are used for chronic pain. In this case, the treater has not documented the efficacy of this medication. Therefore, the request IS NOT medically necessary.