

Case Number:	CM15-0197816		
Date Assigned:	10/13/2015	Date of Injury:	01/30/2009
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/07/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 48 year old female with an industrial injury date of 01-30-2009. Medical record review indicates she is being treated for bilateral wrist and hand pain, status post carpal tunnel release (bilateral) and neck pain ("considered nonindustrial per adjuster.") Subjective complaints (09-11-2015) included ongoing bilateral hand and wrist pain. The treating physician indicates the injured worker "continues to do well with Voltaren gel and TENS unit." "It allows her to get through her activities of daily living at home." "It brings her pain levels down from 6 out of 10 to 2 out of 10." The treating physician documented it allowed the injured worker to prepare meals, wash dishes, sweep, and mop and do laundry. Work status is documented as "limited use of the upper extremities with limited gripping, grasping and repetitive use of the upper extremities." In the 07-16-2015 treatment note the treating physician documented the injured worker struggled significantly with any type of repetitive or gripping and grasping, use of the hands and wrists and upper extremities without the Voltaren gel. She was currently (09-11-2015) using Voltaren gel and a TENS unit and Cymbalta ("unable to tolerate the side effects"). Voltaren gel is first mentioned in the treatment note dated 05-19-2015 when Cymbalta was discontinued. Prior medications included Relafen, Bio freeze gel, Cymbalta and Prilosec. Physical findings (09-11-2015) are documented as mild tenderness to bilateral wrist and full range of motion. On 09-28-2015 the request for Voltaren Gel 1% 3 tubes times two refills and TENS Unit with leads 2 packages of 4 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 3 tubes times two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Voltaren (diclofenac) 1% gel is the medication and strength approved by the FDA. The submitted and reviewed documentation indicated the worker was experiencing hand and wrist pain with numbness. While the recorded pain assessments included few of the criteria recommended by the Guidelines, these records indicated the worker's overall pain intensity and function were improved with the use of this medication. However, the request was for a large number of refills, which would not account for changes in the worker's care needs. For this reason, the current request for 3 tubes of Voltaren (diclofenac) 1% topical gel with three refills is not medically necessary.

TENS Unit with leads 2 packages of 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating any of the conditions or situations described above, detailing the results of the one-month TENS trial or the circumstances under which it was done, or describing short- and long-term therapy goals. Further, the request did not specify if the unit was to be rented or purchased, suggesting the reason a replacement unit was needed, or detailing the reason this therapy was continued to be recommended despite recent documentation

of limited benefit. For these reasons, the current request for the unspecified rental or purchase of a transcutaneous electrical nerve stimulation (TENS) unit with two packages of four leads is not medically necessary.