

<b>Case Number:</b>	CM15-0209823		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/03/2008
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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, Hawaii  
 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 62 year old male, who sustained an industrial injury on 4-3-2008. The injured worker is undergoing treatment for lumbar radicular pain, right knee arthropathy and cervical disc disease. Medical records dated 7-6-2015 10-5-2015 indicates the injured worker complains of flare up of back and knee pain. He reports stiffness, aching and tearing pain. The treating physician indicates use of "Voltaren with great benefit." Physical exam dated 10-5-2015 notes no antalgia. The treating physician does not provide detailed record of physical exam for 7-6-2015 or 10-5-2015. Treatment to date has included magnetic resonance imaging (MRI), Voltaren 1%, Tramadol, glucosamine, synvisc injection, epidural steroid injection, physical therapy and home exercise program (HEP). The original utilization review dated 10-9-2015 indicates the request for Tramadol 50mg #90 and follow up is certified and Transcutaneous Electrical Nerve Stimulation (TENS) unit for bilateral knees and back and Voltaren 1% 200gms with 3 refills is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for home use for bilateral knee pain and back pain: 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:** The records indicate that the patient has ongoing complaints of bilateral knee pain, right greater than left associated with stiffness. The current request is for TENS unit for home use for bilateral knee pain and back pain. The 10/5/15 progress report requests a TENS unit for home use with no discussion as to the rationale. The CA MTUS has this to say about TENS: 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 II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence, including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. Phantom limb pain and CRPS II: Some evidence to support use. Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. In this case, the patient is dealing with mechanical back and knee pain. There is nothing in the literature to suggest that the patient is dealing with neuropathic pain from diabetic neuropathy, post-herpetic neuralgia, CRPS, or multiple sclerosis. Furthermore, there is no documentation in the records that a 1-month trial has been completed which demonstrates effectiveness. As such, the current documentation does not establish medical necessity for the request of a TENS unit for bilateral knee pain and back pain.

**Voltaren 1% 200gm Qty: 2 tubes with 3 refills:** Overturned

**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): Physical Medicine.

**Decision rationale:** The records indicate that the patient has ongoing complaints of bilateral knee pain, right greater than left associated with stiffness. The current request is for voltaren 1% 200gm QTY: 2 tubes with 3 refills. The attending physician report dated 10/5/15 indicates the patient is having "great benefit from Voltaren gel." The CA MTUS has this to say about topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are

small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). In this case, the patient is diagnosed with osteoarthritis of the knees. The MTUS does recommend a short-term course of 4-12 weeks for Voltaren gel. Records indicate the patient has been taking Voltaren since 7/6/15 and is reporting great benefit. As such, the current request is medically necessary and is consistent with MTUS guidelines.