

<b>Case Number:</b>	CM15-0212198		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 61 year old male with an industrial injury date of 02-07-2013. Medical record review indicates he is being treated for bilateral De Quervain's tenosynovitis. Subjective complaints (08-24-2015) included bilateral wrist pain. He underwent open release of the first dorsal compartment bilaterally in 2014. "This provided excellent relief of his symptoms until two to three months ago." The pain had returned over the last two to three months, which the injured worker noted as similar to the pain he was experiencing prior to surgery. The pain was located over the dorsum and radial aspect of both wrists, which is worse with physical activity. Work status (08-24-2015) is documented as: "He will continue working at his usual and customary occupation." Prior medications included Norco, Theragesic Ointment and Motrin. Medical record review does not indicate the prior use of Voltaren gel. Objective findings (08-24-2015) included range of motion of the bilateral wrists as follows: Bilateral dorsiflexion 20 degree. Bilateral palmar flexion 40 degree. Supination 60 degree. Pronation 60 degree. Ulnar deviation 20 degree. Radial deviation 10 degree. Dorsal radial tenderness was 1 plus and Finkelstein's test was positive bilaterally. Prior treatments included local injections and physical therapy with "only temporary relief." He also underwent bilateral wrist surgery. On 10-20-2015 the request for interferential unit trial rental, garment for interferential unit and Voltaren gel were denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit trial rental (months) QTY: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), The Colorado Chronic Pain Guidelines page 75.

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

**Decision rationale:** Per the guidelines, a TENS or inferential unit is 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for an Interferential unit trial rental (months) QTY: 2 is not substantiated. Therefore, the request is not medically necessary.

**Garment for IF unit QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), The Colorado Chronic Pain Guidelines page 75.

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

**Decision rationale:** Per the guidelines, a TENS or inferential unit is 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of

spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a Garment for IF unit QTY: 1 is not substantiated. Therefore, the request is not medically necessary.

**Voltaren gel QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAID's. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDS to justify use. The medical necessity for Voltaren gel QTY: 1 is not substantiated. Therefore, the request is not medically necessary.