MAXIMUS Federal Services

Case Number:	CM15-0031249		
Date Assigned:	02/24/2015	Date of Injury:	02/20/2014
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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: Preventive Medicine, Occupational 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 33-year-old male, who sustained an industrial injury on February 20, 2014. He has reported a neck and lower back injury. The diagnoses have included chronic cervical strain and chronic upper back strain. Treatment to date has included diagnostic studies, physical therapy and medications. On January 26, 2015, the injured worker complained of cervical spine pain. The pain was described as moderately severe on the neck and upper back. His pain was noted to be decreased on weekends. He reported a temporary relief after a short course of physical therapy. Physical examination of the cervical spine showed normal cervical lordosis. There were paracervical trigger areas noted. Cervical spine range of motion was 100% normal in all planes. On February 6, 2015, Utilization Review non-certified two months rental of transcutaneous electrical nerve stimulation unit and thirty terocin patches, noting the CA MTUS Guidelines. On February 19, 2015, the injured worker submitted an application for Independent Medical Review for review of two months rental of transcutaneous electrical nerve stimulation unit and thirty terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) months rental of transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy section Page(s): 114-116.

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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, and a treatment plan including specific short and long term goals of treatment. The injured worker has been diagnosed with chronic cervical strain and chronic upper back strain, and does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. The criteria for the use of TENS specified by the guidelines are not supported by the clinical reports. These criteria include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. These criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The request for Two (2) months rental of transcutaneous electrical nerve stimulation (TENS) unit is determined to not be medically necessary.

Thirty (30) Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics section Page(s): 111-113.

Decision rationale: Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4% and lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS

Guidelines recommend the use of topical lidocaine primarily for peripheral neuropathic pain when trials of antidepressant and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. The medical reports indicate that the injured worker has been diagnosed with chronic cervical spine strain and chronic upper back strain. There is no evidence of neuropathic pain as the cause of the injured worker's discomfort. The medical records also do not indicate that the injured worker has failed trials of antidepressants and anticonvulsants. The requesting physician explains that the injured worker does not tolerate Motrin due to GI distress. Terocin patch is not a medication used for the same clinical indications as Motrin and is therefore not an appropriate substitution. The request for thirty (30) Terocin patches is determined to not be medically necessary.