

<b>Case Number:</b>	CM15-0036550		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	02/14/2015
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 26 year old female, who sustained an industrial injury on 2/14/14. She has reported left knee injury. The diagnoses have included headache, emotional headache, lumbalgia, lumbar muscle spasm, lumbar sprain/strain, left knee pain and left knee sprain/strain. Treatment to date has included chiropractic treatment, acupuncture treatment, TENS unit and activity restrictions. Currently, the injured worker complains of occasional headache, low back pain improving with treatment and constant serve stabbing, throbbing, burning left knee pain with crepitus and weakness. Cranial nerves were within normal limits, tenderness to palpation of L3-5 spinous and paravertebral muscles with muscle and limited range of motion and tenderness to palpation of anterior knee, lateral knee, medial knee and posterior knee with painful range of motion, muscle spasm of anterior knee and medial knee is also noted on physical exam dated 1/12/15. On 2/19/15 Utilization Review non-certified Capsaicin .375%, Menthol 5%, Camphor 2%, Gabapentin 10%, Cyclobenzaprine 4%, 120gm, noting they are not recommended as they are considered highly experimental without proven efficacy; Salonpas patches 1 box, noting they are not recommended as they are considered highly experimental without proven efficacy; narrow base quad cane, noting there is insufficient documentation of knee instability and TENS unit trial rental, noting the lack of documentation of functional benefit from electrical stimulation under the supervision of a licensed physical therapist. The MTUS, ACOEM Guidelines and ODG were cited. On 2/23/15, the injured worker submitted an application for IMR for review of Capsaicin .375%, Menthol 5%, Camphor 2%, Gabapentin 10%, Cyclobenzaprine 4%, 120gm; Salonpas patches 1 box; narrow base quad cane and TENS unit trial rental.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin .375%, Menthol 5%, Camphor 2%, Gabapentin 10%, Cyclobenzaprine 4%-120mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Non-steroidal antiinflammatory agents (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Capsaicin/menthol/camphor/gabapentin/cyclobenzaprine cream is not medically indicated as menthol, gabapentin and cyclobenzaprine are not recommended for topical use in MTUS.

**Salonpas patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Non-steroidal antiinflammatory agents (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Salonpas patches contains methyl salicylate and menthol. Methyl salicylate is a non steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. As such, Salonpas patches are not medically necessary and the original UR decision is upheld.

**TENS unit trial rental-one month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

**Decision rationale:** CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include : Chronic intractable pain 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the medical record states that the claimant is using a TENS unit "as prescribed" but does not document any improvement in function, pain control, reduction in other medication use, short or long term goals of it's use. Based on the submitted records, there is no medical necessity for a one month rental of TENS unit.

**Narrow base quad cane:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Walking aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Walking aids.

**Decision rationale:** CA MTUS is silent on walking aids, such as a cane. ODG section on Knee states that walking aids are recommended. Contralateral cane use provides the most reduction in ground reaction force. In this case, there is well-documented pain and subjective instability of the involved knee and a narrow quad cane is medically indicated.