

<b>Case Number:</b>	CM15-0039387		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	04/26/2007
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 63 year old female who sustained an industrial injury on 04/26/07. Initial complaints were pain in hands, wrists and arms. Initial diagnoses included right carpometacarpal joint pain, possible ulnar neuropathy, left de Quervain's tenosynovitis, and possible left carpal tunnel syndrome with possible left carpal ligament tear. Prior treatments include medications, multiple ESI, right 4th trigger finger injection, and left L4-5 synovial cyst removal. Diagnostic studies to date include MRI of the lumbar spine and 2 EMG/NCV studies. Current complaints include increased bilateral wrist and hand pain. The treatment plan consists of continued use of TENS unit and old bilateral cock-up wrists points at bedtime. Requested treatments include TENS unit supplies, new cock-up wrist splits, another EMG/NCV, Lyrica, and Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel (no qty specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 63 year old female has complained of hand pain and low back pain since date of injury 4/26/07. She has been treated with epidural steroid injection, physical therapy and medications. The current request is for Voltaren gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Voltaren gel is not indicated as medically necessary.

**TENS (transcutaneous electrical nerve stimulation) unit supplies, electrode replacement supplies, square shape, Qty 4 per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines: TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

**Decision rationale:** This 63 year old female has complained of hand pain and low back pain since date of injury 4/26/07. She has been treated with epidural steroid injection, physical therapy and medications. The current request is for TENS (transcutaneous electrical nerve stimulation) unit supplies, electrode replacement supplies, square shape. Per the MTUS guidelines cited above, TENS 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 function restoration for the following conditions: neuropathic pain to include diabetic neuropathy and post-herpetic neuralgia, chronic regional pain syndrome I and II, phantom limb pain, spasticity in spinal cord injury and multiple sclerosis. There is no documentation in the available medical record of an ongoing or intended implementation of a functional restoration program to be utilized in conjunction with a trial of TENS unit rental as recommended by the MTUS. Additionally, there is no physical examination documentation or listed diagnoses of neuropathic pain, chronic regional pain syndrome, phantom limb pain, spinal cord spasticity or multiple sclerosis. On the basis of the above MTUS guidelines and available medical record documentation, a TENS unit and therefore TENS unit supplies is not indicated as medically necessary.