

<b>Case Number:</b>	CM15-0235440		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	01/19/2016	<b>UR Denial Date:</b>	11/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46 year old female with an industrial injury dated 04-10-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain, right elbow pain, chronic right wrist and hand pain and right knee pain. In a progress note dated 10-08-2015, the injured worker reported ongoing right upper extremity pain and shoulder. The injured worker reported that she just received TENS unit for her 30 day trial and she will also start acupuncture soon. The injured worker reported that the medications still continue to give her good relief. Medical report (10-08-2015) indicated that the medication documentation had not changed significantly from the 8-12-2015 visit. Pain level goes from 10 out of 10 to 6 out of 10 on a visual analog scale (VAS). Objective findings (10-08-2015) revealed "no significant change." In a consultation report dated 10-27-2015, the injured worker reported medial and lateral elbow discomfort and elbow stiffness. The injured worker has been treated with therapy and acupuncture. Documentation noted that the acupuncture did not help. Physical exam revealed full flexion and decreased extension of right elbow, full range of motion of right wrist, and tenderness over the right lateral epicondyle. The injured worker was provided with a prescription for Voltaren gel to treat the lateral epicondylitis. According to the progress note dated 11-05-2015, the injured worker reported ongoing right upper extremity pain and shoulder pain. Pain level goes from 10 out of 10 to 6 out of 10 with Norco on a visual analog scale (VAS). Current medications include Norco, Motrin, Omeprazole, Lidoderm patches, and Voltaren (started on 11-05-2015). The injured worker noted improvement with acupuncture, decreasing pain allowing her to sleep better at night. The injured worker also reported that the

transcutaneous electrical nerve stimulation (TENS) unit improves her sleep and decreases pain for short periods of time. Objective findings (11-05-2015) revealed significant tenderness to palpitation of the lateral epicondylitis of the right elbow. Treatment has included diagnostic studies, prescribed medications, massage therapy, chiropractic therapy, trial TENS unit, unknown number of acupuncture treatments and periodic follow up visits. The utilization review dated 11-20-2015, modified the request for acupuncture (sessions) Qty: 6 (original: 8), and non-certified the request for TENS unit indefinite use, and Voltaren gel 100gm Qty: 9.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture (sessions) Qty: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The claimant sustained a work injury in April 2013 when she was walking down stairs and slipped with injuries to the neck, low back, and right arm and knee. She has a history of gastroesophageal reflux disease and diabetes. She underwent a right carpal tunnel release in January 2014. A right ulnar transposition was performed in May 2014. In June 2015 medications included Motrin, omeprazole, Norco, and Lidoderm. In October 2015 she had started a 30 day trial of TENS and was starting acupuncture soon. When seen in November 2015 she had been doing well after six recent acupuncture treatments which had decreased pain for a few days at a time with improved mobility and flexibility and allowed her to sleep better. She was using the TENS unit three days per week for 20 minutes and it was helping with pain and sleep. She had improved elbow pain with use of Voltaren gel. Physical examination findings included continued significant right lateral epicondyle tenderness. Authorization requests included an additional 8 acupuncture treatments, purchase of a TENS unit and Voltaren gel. Active medications included Motrin and omeprazole. Work restrictions were continued. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation. The role of acupuncture is addressed in the treatment of chronic pain with a time to produce functional improvement of 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, meaning either a clinically significant improvement in activities of daily living or a reduction in work restrictions. In this case, there is no adjunctive physical rehabilitation such as compliance with a home exercise program. The treatments provided do not appear to have improved the claimant's function and her work restrictions are unchanged.

**TENS unit indefinite use: Overturned**

**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 claimant sustained a work injury in April 2013 when she was walking down stairs and slipped with injuries to the neck, low back, and right arm and knee. She has a history of gastroesophageal reflux disease and diabetes. She underwent a right carpal tunnel release in January 2014. A right ulnar transposition was performed in May 2014. In June 2015 medications included Motrin, omeprazole, Norco, and Lidoderm. In October 2015 she had started a 30 day trial of TENS and was starting acupuncture soon. When seen in November 2015 she had been doing well after six recent acupuncture treatments which had decreased pain for a few days at a time with improved mobility and flexibility and allowed her to sleep better. She was using the TENS unit three days per week for 20 minutes and it was helping with pain and sleep. She had improved elbow pain with use of Voltaren gel. Physical examination findings included continued significant right lateral epicondyle tenderness. Authorization requests included an additional 8 acupuncture treatments, purchase of a TENS unit and Voltaren gel. Active medications included Motrin and omeprazole. Work restrictions were continued. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. In this case, the claimant underwent a trial of TENS with decreased pain and improved sleep. Providing a TENS unit is medically necessary.

**Voltaren gel 100 gms Qty: 9:** Upheld

**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): Topical Analgesics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p131-132.

**Decision rationale:** The claimant sustained a work injury in April 2013 when she was walking down stairs and slipped with injuries to the neck, low back, and right arm and knee. She has a history of gastroesophageal reflux disease and diabetes. She underwent a right carpal tunnel release in January 2014. A right ulnar transposition was performed in May 2014. In June 2015 medications included Motrin, omeprazole, Norco, and Lidoderm. In October 2015 she had started a 30 day trial of TENS and was starting acupuncture soon. When seen in November 2015 she had been doing well after six recent acupuncture treatments which had decreased pain for a few days at a time with improved mobility and flexibility and allowed her to sleep better. She was using the TENS unit three days per week for 20 minutes and it was helping with pain and sleep. She had improved elbow pain with use of Voltaren gel. Physical examination findings included continued significant right lateral epicondyle tenderness. Authorization requests included an additional 8 acupuncture treatments, purchase of a TENS unit and Voltaren gel. Active medications included Motrin and omeprazole. Work restrictions were continued. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case,

although the claimant has gastroesophageal reflux disease, oral Motrin (ibuprofen) with omeprazole are also active medications. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.