

<b>Case Number:</b>	CM13-0014141		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/12/2007
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of April 12, 2007. A utilization review determination dated August 6, 2013 recommends non-certification of 30 Diclofenac XR 100mg, 30 APAP with Codeine 300/30mg, and 1 Tens Unit supplies. The previous reviewing physician recommended non-certification of 30 Diclofenac XR 100mg due to poor response for NSAIDs in the past and lack of support for long term NSAID use; non-certification of 30 APAP with Codeine 300/30mg due to lack of documentation of a reason to vary from evidence based guidelines; and non-certification of 1 Tens Unit supplies due to lack of documentation of the nature and extent of subjective, objective and functional benefits obtained from the use of the TENS unit. A Progress Report dated July 10, 2013 identifies Subjective Complaints of persistent right wrist pain. It wakes him up at night. Objective Findings include decreased grip strength when compared to the contralateral side. Severe tenderness on palpation of the first carpometacarpal joint. The patient can dorsiflex to 70 degrees and volar flex to 70 degrees. Diagnoses include cervical strain, L4-5 annular tearing, right knee pain following arthroscopy 4/12/10, bilateral carpal tunnel syndrome and first carpometacarpal joint pain, stress syndrome, insomnia, left ventricular hypertrophy rule out labile hypertension, L4-5 and L5-S1 disc protrusion, right knee chondromalacia, and gastrointestinal reflux and irritable bowel syndrome with rectal bleeding. Treatment Plan includes the patient be provided with TENS unit supplies and medication to decrease his symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(#30) Diclofenac XR 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

**Decision rationale:** The Physician Reviewer's decision rationale: Regarding the request for Diclofenac, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Diclofenac is not medically necessary

**(#30) APAP with codeine, 300/30mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79.

**Decision rationale:** The Physician Reviewer's decision rationale: Regarding the request for APAP with Codeine, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the APAP with Codeine is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested APAP with Codeine is not medically necessary.

**TENS Unit supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** The Physician Reviewer's decision rationale: Regarding the request for TENS unit supplies, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) 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. Guidelines recommend

failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit supplies is not medically necessary.