

<b>Case Number:</b>	CM14-0180604		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	08/11/1998
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63 year old female with date of injury 8/11/1998. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain and right shoulder pain since the date of injury. She has been treated with cervical spine surgery in 1999 (other specifics not given), physical therapy, TENS unit and medications. MRI of the cervical spine performed in 10/2014 revealed interbody fusion at C4-5 and moderate canal stenosis and neuroforaminal narrowing at C5-6. Objective: decreased and painful range of motion of the cervical spine, decreased and painful range of motion of the right shoulder. Diagnoses: cervicgia, cervical disc disease without myelopathy. Treatment plan and request: Celebrex, Lidoderm patch, TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for celebrex 200mg #30 with 2 refills:** Upheld

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

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

**Decision rationale:** This 63 year old female has complained of neck pain and right shoulder pain since date of injury 8/11/1998. She has been treated with cervical spine surgery in 1999 (other specifics not given), physical therapy, TENS unit and medications to include NSAIDS since at least 05/2014. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose and for a short (2-4 week) duration. Additionally, there has been no proven long term effectiveness for the treatment of pain with NSAIDS. The current request is for continuation of treatment far exceeding the recommended treatment period for this medication and the request is also not based on the lowest dose possible. On the basis of the MTUS guidelines, Celebrex, 200 mg, is not indicated as medically necessary.

**1 Prescription for lidoderm patch 5% #90 with 11 refills:** Upheld

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

**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 neck pain and right shoulder pain since date of injury 8/11/1998. She has been treated with cervical spine surgery in 1999 (other specifics not given), physical therapy, TENS unit and medications. The current request is for a Lidoderm patch. 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, the Lidoderm patch is not indicated as medically necessary.

**TENS unit:** Upheld

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

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

**Decision rationale:** This 63 year old female has complained of neck pain and right shoulder pain since date of injury 8/11/1998. She has been treated with cervical spine surgery in 1999 (other specifics not given), physical therapy, TENS unit and medications. The current request is for a TENS unit. 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. The available medical records indicate that the patient has had a trial of a TENS unit previously and that there was no significant improvement in pain or

function. Additionally, there is no documentation in the 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. Lastly, 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 is not indicated as medically necessary.