

<b>Case Number:</b>	CM14-0097920		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Florida & New York. 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 injured worker is a 52 year old female who reported injuries to her neck bilateral elbows, bilateral shoulders, left upper extremity and back due to repetitive keyboarding and stamping documents on June 5, 2012. The most recent progress note, dated May 1, 2014 by primary treating physician stating the injured worker presented on this day with continued complaints of pain at the right elbow, numbness to the left hand, and difficulty with activities of daily living. Examination on this day noted tenderness to left lateral epicondyle and bilateral shoulder impingement. Medications include Naprosyn 550mg, omeprazole 20mg, Neurontin 600mg, Terocin patches and Flexiril 7.5mg. The injured worker was also documented to be utilizing a transcutaneous electrical nerve stimulation unit (TENS) unit. Diagnoses include chronic myofascial pain syndrome, left upper extremity repetitive strain injury, lumbar and cervical spine strain, chronic left lateral epicondylitis, and lumbosacral radiculopathy. Requests for Terocin patches and transcutaneous electrical nerve stimulation (TENS) unit rental were denied in prior utilization review, dated May 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s) , page(s) 112-113. Decision based on Non-MTUS Citation (ODG) - Chronic pain - narcotic use

**Decision rationale:** This injured worker suffers from paresthesias and cervical radiculopathy. She prefers not to use narcotics and other medication classes were not effective. The Terocin patches were helpful in the past to reduce pain and improve function. ODG does support using other interventions besides narcotics which indeed has been done successfully in this injured worker with the use of the requested patch. Since the last clinical note, however, is from 05/01/14 which is five months prior to the date of this report a clear clinical picture of the injured worker is not available that would support use of this request. In light of this the denial is upheld.

**Tens Unit - Rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118. Decision based on Non-MTUS Citation ODG) TENS

**Decision rationale:** This injured worker suffers from upper extremity paresthesias and cervical radiculopathy. The injured worker prefers not to use narcotics and other medication classes were not effective. Other non-pharmacological therapeutic modalities such as physical therapy and acupuncture were not effective either. Although MTUS does not recommend TENS as a primary treatment approach this injured worker clearly has benefited from the device. The last clinical note, however, is from 05/01/14 which is five months prior to the date of this report a clear clinical picture of the injured worker is not available that would support use of this request. In light of this the request is not medically necessary.