

<b>Case Number:</b>	CM14-0212621		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 33 year old patient with date of injury of 10/10/2011. Medical records indicate the patient is undergoing treatment for lumbar discogenic pain, lumbar sprain/strain, resolved bilateral lumbosacral radicular pain, thoracic and cervical sprain/strain and stress syndrome. Subjective complaints include slight to moderate intermittent to frequent activity dependent lower back pain and left leg pain; slight to moderate intermittent left shoulder, left upper extremity, left wrist, left hand pain; mild to frequent headaches, poor sleep. Objective findings include guarded, non-limping, non-favoring gait, mild midline tenderness of cervical spine; mid-back midline tenderness extending from T6 to T8, midline tenderness from L3 to S1, bilateral lumbar facet tenderness noted L4-L5, L5-S1; left shoulder tenderness over anterior, posterior aspect of left shoulder; examination of left wrist mild tenderness over left wrist. MRI of lumbar spine dated 12/2/2011 revealed L5-S1 there is an 8mm x 3mm deep right paracentral posterior disc protrusion which mildly narrows the right neural foramen, no definite evidence of entrapment of the right exiting nerve root, this examination is otherwise unremarkable. EMG of lower extremity dated 03/14/2012 was normal. Treatment has consisted of caudal epidural block, acupuncture, home exercise program, physical therapy, home interferential unit, Lodine, Ultram, Zanaflex, Prozac, Gabapentin, Ultracin and Alprazolam. The utilization review determination was rendered on 11/19/2014 recommending non-certification of Ultracin topical cream x 2 and DME: TENS unit w/ supplies (purchase).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ultracin topical cream x 2: 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 Topical Analgesics Capsaicin Page(s): 111-113; 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Ultracin topical cream x 2 is not medically necessary.

### **DME: TENS unit w/ supplies (purchase): 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 Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** MTUS states regarding TENS unit, "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, for the conditions described below." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records indicate that this patient's neuropathic pain is resolved. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings Ankle and foot: Not recommended Elbow: Not recommended Forearm, Wrist and Hand: Not recommended Shoulder: Recommended for post-stroke rehabilitation ODG further

details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above):(1) Documentation of pain of at least three months duration(2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed(3) A one-month trial period of the TENS unit 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; rental would be preferred over purchase during this trial(4) Other ongoing pain treatment should also be documented during the trial period including medication usage(5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted(6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental.(7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended.(8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessaryThe medical records do not satisfy the several criteria for selection specifically, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request for DME: TENS unit w/ supplies (purchase) is not medically necessary.