

<b>Case Number:</b>	CM15-0000726		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old female, who sustained an industrial injury on August 14, 2014. She has reported injuries to her neck, both shoulders, both hands and wrists and low back associated muscle spasms in her neck and back along with weakness, numbness and tingling in her hands. The diagnoses have included C5-C6 degenerative disease, likely stenosis, lumbar strain, low back stain and status post cubital tunnel surgery. Treatment to date has included chiropractic care, with continued symptoms, unknown number of sessions, X-rays of cervical spine on October 24, 2014 which revealed C5-C6 advanced disc degeneration and anterior and posterior osteophytes, and lumbar X-ray was normal. Currently, the IW complains of continuous neck pain radiating to her shoulders, hands and wrists, increased with computer keyboarding, tilting her head up and down and moving her head to the sides, she has numbness and tingling in both hands and muscle spasms in her neck, her bilateral shoulders she complains of continuous pain radiating from her neck and increases with prolonged computer keyboarding and muscle spasms noted, the bilateral hands/wrists pain increases with computer keyboarding and increased use of both hands, she has weakness, numbness and tingling in both hands and her back is a continuous pain in the low back radiating to both fee, she has tingling and numbness in the balls of both feet the pain increases with prolonged use of her Sally Brown belt and prolonged sitting and standing. The injured worker continues to work full time. On December 5, 2014 Utilization Review non-certified a thirty day trial of TENS Unit and one prescription for Kera- Tek gel, noting Medical treatment utilization schedule (MTUS) guidelines and American College of Occupational and Environmental Medicine (ACOEM) was cited. On December 4,

2014, the injured worker submitted an application for IMR for review of thirty day trial of TENS Unit and one prescription for Kera-Tek gel.

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

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

#### **30 Day Trial of TENS Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), TENS, chronic pain; Criteria for the use of TENS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 114-116. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS)

**Decision rationale:** The patient is a 44 year old female with an injury date of 08/14/14. Based on the 10/24/14 progress report provided by treating physician, the patient complains of neck, back, bilateral shoulders and bilateral hands/wrists pain rated 7-8/10. The request is for 30 DAY TRIAL OF TENS UNIT. Patient's diagnosis per Request for Authorization form dated 11/12/14 included C5-C6 degenerative disc disease, likely stenosis; lumbar strain; and low back pain. The patient had a couple of sessions of chiropractic care and is taking over the counter medications for pain. The patient is working full duty. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS) states: "Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions..... In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" Treater states in progress report dated 10/24/14 "the patient does continue with significant neuropathic pain. At this time, I do recommend that patient be provided a TENS unit on a one month trial basis... the TENS/EMS device is being prescribed to prevent medication induced gastritis, stabilize and control her pain and increase her strength." While MTUS does recommend a 30 day trial of TENS, the request is for a dual unit. EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain. The request does not meet guideline indications, therefore TENS-EMS trial IS NOT medically necessary.

#### **1 Prescription of Kera-Tek Gel: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), NSAIDs, Salicylate topicals

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 105.

**Decision rationale:** The patient is a 44 year old female with an injury date of 08/14/14. Based on the 10/24/14 progress report provided by treating physician, the patient complains of neck, back, bilateral shoulders and bilateral hands/wrists pain rated 7-8/10. The request is for 1 PRESCRIPTION OF KERA-TEK GEL. Patient's diagnosis per Request for Authorization form dated 11/12/14 included C5-C6 degenerative disc disease, likely stenosis; lumbar strain; and low back pain. The patient had a couple of sessions of chiropractic care and is taking over the counter medications for pain. The patient is working full duty. Kera-Tek analgesic gel contains MENTHOL 16g in 100g and METHYL SALICYLATE 28g in 100g. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS 'Salicylate topical' section, page 105 in which 'Ben-Gay' (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis problems. "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Treater states in progress report dated 10/24/14 "the patient does continue with chronic pain affecting her neck and back... at this time, I am prescribing Kera-Tek gel to maintain the patient's painful symptoms, restore activity levels and aid in functional restoration." However, topical NSAIDs are not indicated for spinal, or neuropathic conditions according to guidelines. Keratek gel would be indicated for peripheral joint arthritis/tendinitis. The treater does not indicate that it's used for the patient's wrist problems. Therefore, the request IS NOT medically necessary.