

Case Number:	CM15-0169532		
Date Assigned:	09/10/2015	Date of Injury:	04/23/2010
Decision Date:	12/03/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/28/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53-year-old female with an industrial injury date of 04-23-2010. Medical record review indicates she is being treated for right shoulder chronic pain and right medial epicondyle pain. Subjective complaints (08-07-2015) included elbow and shoulder complaints. The treating physician notes the injured worker continued to have pain. "Because of her gastric reflux, she is unable to take non-steroidal anti-inflammatory drugs." "She is requesting Voltaren gel and a TENS unit." Her pain was rated as 3 out of 10 in the elbow and shoulder. Work status is documented (08-07-2015) as regular duties. Her medications included Flector patches. The treating physician indicated the Flector patches were "just a little more difficult to keep in place as she moves her arm." The treatment note dated 06-30-2015 notes the injured worker had been using Voltaren gel twice a day as needed. Prior treatment included non-steroidal anti-inflammatory drugs, physical therapy and medications. Objective findings (08-07-2015) included flexion and extension to normal range. There was palpable tenderness on the epicondyle which was worse upon oppositional force to the back of the hand. Examination of the injured worker's right shoulder noted no clicking, popping or crepitus. On 08-14-2015 the request for 1 TENS unit 28 day trial and Voltaren Gel 1% 60 grams (apply to affected area every 8 hours), quantity and refill unspecified were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 60 grams: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS lists Voltaren Gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. The patient has been treated for several months with topical Voltaren and with minimal evidence of functional improvement, however, in conjunction with TENS and given her history of GI issues with oral NSAIDs, the request can be considered medically appropriate with plan for close follow up and evaluation for functional improvement. The request is medically necessary.

TENS Unit 28 day trial: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: With respect to chronic pain and according to the MTUS, 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, for conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications). In this case, a treatment plan outlining short and long term goals for TENS therapy should be established, and as the treating provider mentioned, a log used to assess efficacy should be maintained. Therefore at this time and based on the provided records, the request for TENS unit can be considered medically appropriate with close follow up.