

<b>Case Number:</b>	CM13-0003864		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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:

This patient is a 44-year-old female who reported an injury on 08/21/2001. Notes indicate that the patient presently maintains a chief complaint of neck, mid and low back pain with bilateral lower extremity symptoms and right upper extremity symptoms. The patient has most recently been evaluated with findings of tenderness to palpation of the cervical, thoracic, and lumbar paraspinal musculature with spasm, with range of motion of the thoracic, cervical, and lumbar spine decreased in all planes, and upper and lower extremity sensation intact bilaterally. Motor exam reveals 4/5 strength to the right deltoids, biceps, internal and external rotators, wrist extensors, wrist flexors, and triceps. 4/5 strength is noted for the right TA, EHL, inversion, plantar flexion, and eversion, with 5/5 strength noted on the left. Straight leg raise bilaterally reproduces pain in the foot, and the patient has positive slump test bilaterally. Currently, the patient is undergoing treatment with a TENS unit and medication management. Other treatment for the patient has consisted of 12 visits of chiropractic sessions with some relief and 6 visits of acupuncture with some relief. The patient has also undergone lumbar medial branch block injection on 11/20/2009 as well as on 05/02/2012. However, the patient did not receive significant relief from these injections. The patient also has a history of prior lumbar fusion at L5-S1 in 2006. The current request for consideration is for a TENS unit with supplies as well as for hydrocodone/APAP 7.5/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit with Supplies:** 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 Section on Transcutaneous Electrotherapy Page(s): 114-116..

**Decision rationale:** CA MTUS states that criteria for the use of TENS unit includes: chronic intractable pain; documentation of pain of at least 3 months' duration; and evidence that other appropriate pain modalities have been tried and failed. A 1-month trial period of the TENS unit should be documented (as an adjunct to on-going 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; other on-going pain treatment should also be documented during the trial period, including medication usage; a treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. It appears from the documentation submitted for review that the patient received certification for a 1-month trial of a TENS unit on 04/22/2013; follow-up clinical notes on 06/06/2013 indicate that the patient was recommended to continue with the use of a TENS unit and supplies. However, there is a lack of clinical documentation submitted for review detailing the patient's overall function after a 1-month home-based trial with a TENS unit. Given this lack of documentation, the request for a TENS Unit with Supplies is not medically necessary and appropriate.

**Hydrocodone/APAP 7.5/325mg, #90:** 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 Pain Medical Treatment Guidelines, Section on Opioids. Page(s): page 91.

**Decision rationale:** CA MTUS states hydrocodone/acetaminophen is indicated for moderate to moderately severe pain. CA MTUS also states a recommendation for the 4 A's for ongoing monitoring. These 4 domains have been summarized as the "4 A's" and consist of monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical notes from 06/06/2013 indicate that the patient was currently on a regimen to include Norco, Valium, and Elavil. Recommendation was made for the patient to be authorized for a prescription of hydrocodone/APAP, 7.5/325mg. However, there is a lack of documentation submitted for review detailing the efficacy in controlling the patient's pain by providing quantified pain scales, providing documentation of improved ability to undertake activities of daily living, and addressing any adverse side effects or aberrant drug-related behaviors of the patient. Follow-up clinical notes from 10/23/2013 and 10/24/2013 indicate that the patient currently utilizes medical marijuana in conjunction with Elavil 25 mg and Ketoprofen 75 mg. However, given the lack of

demonstrated efficacy of the medication, the request for Hydrocodone /Apap 7.5/325mg #90 is not medically necessary and appropriate.