MAXIMUS Federal Services

| Case Number: | CM13-0043740 | | |
|---|---|---|---|
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/27/2012 |
| Decision Date: | 02/20/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

## 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 51-year-old male with a work injury dated 4/27/12. Treatment has consisted of medications, TENS unit approved in Jan. 2013, PT, diagnostics, injections. 4/19/13 and 7/17/13 progress reports indicate that the patient is using his TENS (Transcutaneous Electrical Nerve Stimulation) unit one hour per day with a decrease in his pain level from 7/10 to 4-5/10 for 2 hours each time. Per 7/17/13 documentation, the patient would like to use his TENS unit daily or multiple times per day but he reports that the pads no longer stick and stay on. His diagnosis include: 1. Bilateral Sacroiliac joint pain 2. Piriformis muscle Pain 3. Right shoulder pain 4. Left Pirifonnis muscle syndrome.S. I.eft sacroiliac joint pain 6. Lumbar sprain/strain 7. Cervical facet joint pain .8. Cervical facet joint arthropathy 9. Cervical sprain/strain 10. Thoracic sprain/strain. An open MRI of the lumbar spine dated June 19, 2012, demonstrated central disc protrusion at L4-L5 measuring 3 mm; central discprotrusion at L5-S1 measuring 2 mm; lumbar facet joint arthropathy. An open MRI of the thoracic spine dated June 19, 2012, demonstrated thoracic degenerative disc disease; thoracic facet joint arthropathy; kyphosis. An open MRI of the cervical spine dated June 19,2012, demonstrated central disc protrusion at C3-C4, C6-C7, and C7- Tl; cervical facet joint arthropathy. 7/17/13 there is tenderness upon palpation of the cervical, lumbar, and thoracic paraspinal muscles and left piriformis muscle. Lumbar and cervical ranges of motion were restricted by pain in all directions. Cervical extension was worse than cervical flexion. Lumbar facet joint provocative maneuvers were positive. Sacroiliac provocative maneuvers were negative bilaterally except Gaenslen's, Yeoman's, pressure at the sacral sulcus, and Patrick's maneuver were positive on the left. Nerve root tension were negative bilaterally. Muscle stretch reflexes Are 1 and symmetric bilaterally in all limbs. Clonu

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (Transcutaneous Electrical Nerve Stimulation) unit supplies:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20 - 9792.26, page(s) Criteria for the use of TEN.

**Decision rationale:** TENS Unit supplies are medically necessary per guidelines. Documentation submitted patient is using his TENS unit and wishes to use it more except that electrodes no longer stick. He was already authorized approval for the TENS unit. There is documentation that the TENS unit decreases his pain level. It is medically reasonable for patient to have TENS supplies. Per Chronic Pain Medical Treatment Guidelines, "Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above). Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed."

**Tramadol 37.5/325mg #120 with 0 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20 - 9792.26, Specific Opioids: Tramadol Page(s).

**Decision rationale:** Tramadol 37.5/325mg #120 with 0 refills is not medically necessary per Chronic Pain Medical Treatment Guidelines. Per guidelines, "There are no long-term studies to allow for recommendations for longer than three months." Documentation indicates patient has been on Tramadol for over 3 months without significant functional improvement on prior treatment of Tramadol.