

<b>Case Number:</b>	CM13-0061591		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/19/2007
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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:

The patient is a 26-year-old female who reported an injury on 09/19/2007. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with lumbar disc displacement without myelopathy. The patient was seen by [REDACTED] on 11/12/2013. The patient completed a functional restoration program on 11/04/2013. The patient reported ongoing knee pain. Physical examination was not provided on that date. Treatment recommendations included continuation of current medications and a prescription for a TENS unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a non-invasive conservative option. As per the documentation submitted, the patient has previously utilized a TENS unit. However, there was no documentation of how often

the unit was used as well as outcomes in terms of pain relief or function. Therefore, ongoing treatment cannot be determined as medically appropriate. There was also no evidence of a treatment plan including the specific short and long-term goals of treatment with the TENS unit. Based on the clinical information received and the California MTUS Guidelines, the request for Purchase of a TENS unit is non-certified.

**Pantoprazole-Protonix 20mg #60: 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 Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. As per the documentation submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request for Pantoprazole-protonix 20mg #60 is non-certified.

**Tizanidine-Zanaflex 4mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic pain. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent symptoms. There was no physical examination provided on the requesting date of 11/12/2013. Therefore, there is no evidence of palpable muscle spasm or spasticity. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request for Tizanidine-zanaflex 4mg #90 is non-certified.