

<b>Case Number:</b>	CM13-0070987		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 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 injured worker is a 44-year-old female, who reported an injury on 12/10/2011 due to a fall. According to the clinical note dated 11/25/2013, the injured worker reported low back pain. The physical exam findings included tenderness along the lumbar spine and decreased range of motion. An unofficial MRI of the lumbar spine performed on 05/08/2012, showed disc bulging from L2 to S1, with no disk herniation or stenosis noted. The treatment to date included physical therapy and pain medications. According to the clinical note dated 04/16/2013, the injured worker was given a transcutaneous electrical nerve stimulator (TENS) unit for a one (1) month trial. The provider requested an ergonomic sit-stand workstation, urine drug screen, Neurontin 300 mg, and TENS unit pads. The request for authorization form for an ergonomic sit-stand workstation was submitted on 10/08/2013. The form for Neurontin and TENS unit pads was submitted on 12/04/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ERGONOMIC SIT-STAND WORKSTATION QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, ERGONOMICS INTERVENTIONS.

**Decision rationale:** The Official Disability Guidelines state there is no good-quality evidence on the effectiveness of ergonomics or modification of risk factors in prevention of lower back pain. According to the clinical note dated 11/25/2013, the injured worker reported low back pain that is reduced significantly with pain medications. The medical records provided fail to establish the necessity for this treatment. As such, the request for an ergonomic sit-stand workstation is non-certified.

**URINE DRUG SCREEN QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** The Chronic Pain Guidelines recommend using a urine drug screen as an option to assess for the use or the presence of illegal drugs. The medical records provided, show the injured worker has an ongoing prescription for Norco. The injured worker states that Norco reduces her back pain significantly. There is no evidence of aberrant use of the medication to warrant a urine drug screen. The medical records provided, fail to establish the necessity of a urine drug screen. As such, the request for a urine drug screen is non-certified.

**NEURONTIN 300MG, DISPENSED ON 11/25/2013 QTY: 180.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs), Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 49.

**Decision rationale:** The Chronic Pain Guidelines indicate Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and it has been considered as a first-line treatment for neuropathic pain. The medical records provided, show no evidence that the injured worker is experiencing neuropathic pain. Also, the injured worker stated she experienced significant pain relief from taking Norco, however, she did not state that the Neurontin was providing any additional relief. As such, the request for Neurontin 300 mg, dispensed on 11/25/2013, is non-certified.

**TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT PADS, DISPENSED ON 11/25/2013 QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-117.

**Decision rationale:** The Chronic Pain Guidelines indicate one (1) month home-based transcutaneous electrical nerve stimulation (TENS) trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The medical records provided, state the injured worker was given a TENS unit on 04/16/2013 for one (1) month trial. There is no documentation of the effectiveness of that trial or that the injured worker even used the unit. There is also no documentation that the injured worker was using it as an adjunct to a functional restoration program. The medical records provided do not establish the necessity for further use of a TENS unit, making the pads for the unit unnecessary. As such, the request for transcutaneous electrical nerve stimulation (TENS) unit pads, dispensed on 11/25/2013, is non-certified.