

<b>Case Number:</b>	CM14-0002173		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/08/1983
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 79-year-old male who reported an injury on 03/18/1983; the mechanism of injury was not provided within the medical records. The clinical note dated 11/13/2013 indicated the injured worker reported back pain, leg pain, and bilateral side pain. He also had pain to the bilateral thigh, bilateral calf, bilateral ankle, and bilateral feet. He also complained of neck pain, headache, occipital bilateral trapezius, and bilateral rhomboid. The injured worker rated his pain at 8/10 without pain medication and with medication he rated it at 5/10. The injured worker slept 5 hours per night and he reported depression. On physical exam, the injured worker had difficulty standing. There was tenderness to his bilateral paravertebral muscles, L3, L4, L5, and the sacrum. The injured worker was diagnosed with postlaminectomy syndrome of lumbar region, and degeneration of cervical intervertebral disc. The injured worker's medication regimen included Dalmane, Flurazepam, Metoprolol, Norco, Omeprazole, Ranitidine, and Simvastatin. The injured worker's prior treatments were not provided for review. The provider submitted a request for Dalmane 15mg quantity 30 with two refills, Norco 10/325mg #90 and one TENS unit. The request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DALMANE 15 MG QUANTITY 30 WITH TWO REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been prescribed Dalmane since at least 04/17/2013 which would exceed the guideline recommendations for short term use of 4 weeks. In addition, there was a lack of documentation demonstrating the efficacy of the medication. Furthermore, the request did not provide a frequency for the medication. Therefore, per the California MTUS Guidelines, the request for Dalmane 15mg quantity 30 with two refills is not medically necessary and appropriate.

**NORCO 10/325 MG QUANTITY 90 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured workers pain level, functional status, an evaluation of risk for aberrant drug use behaviors and side effects. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the medication. Furthermore, the request did not provide a frequency for the medication. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.

**ONE TENS UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** The California MTUS Guidelines do not recommend TENS 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. The criteria for the use of TENS include; documentation of pain of at least three months

duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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 ongoing 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 and 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. There is a lack of documentation indicating whether the injured worker participated in adequate conservative treatment measures, such as a physical therapy program. In addition, there was lack of documentation of the injured worker participating in a one month home based TENS trial with documentation of the efficacy of the unit and information pertaining to the usage of the unit. Furthermore, it was not indicated whether the unit was to be used as an adjunct to an evidence based program of functional restoration. Therefore, per the California MTUS guidelines, the request for TENS unit is not medically necessary and appropriate.