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| <b>Case Number:</b>   | CM14-0019030 |                              |            |
| <b>Date Assigned:</b> | 04/23/2014   | <b>Date of Injury:</b>       | 04/05/2011 |
| <b>Decision Date:</b> | 07/03/2014   | <b>UR Denial Date:</b>       | 01/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/14/2014 |

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 5, 2011. A September 12, 2013 progress note is notable for comments that the applicant was considering a functional restoration program. The applicant was status post cystoscopy. The applicant reportedly continued to take Neurontin, Colace, Protonix, but had stopped other medications, including Relafen, Flexeril, and tramadol. The applicant was also using Pristiq, it was stated. Other sections of the report suggested that the applicant was in fact using all of the above medications, including Relafen, Desyrel, Flexeril, Neurontin, Protonix, Colace, and Pristiq. The applicant was again asked to pursue the functional restoration program in question. On October 18, 2013, the applicant adamantly stated that ongoing usage of Norco was beneficial. On October 31, 2013, the applicant was described as reporting heightened 8/10 pain. The applicant was not working. The applicant was having ongoing complaints of depression and anxiety, it was stated. On November 12, 2013, the applicant again reported ongoing issues with depression, anxiety, and frustration. The applicant was not working at that point in time. On November 19, 2013, the applicant was again described as off of work and was apparently using medical marijuana at that point.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT PATCHES:** 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 Criteria for the Use of TENS topic Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of functional improvement in terms of both pain relief and function achieved through ongoing usage of the TENS device. In this case, however, the applicant is off of work. There is no evidence of ongoing usage of TENS unit has generated appropriate analgesia and/or improved performance of activities of daily living. The applicant continues to remain highly reliant on various analgesic medications, including opioids such as Norco, antidepressants, and medical marijuana. All the above, taken together, imply that the applicant has not derived any lasting benefit in terms of either pain relief or function despite ongoing usage of the TENS unit in question. Therefore, the request for Tens Unit Patches is not medically necessary.