

Case Number:	CM14-0121829		
Date Assigned:	09/25/2014	Date of Injury:	05/11/2013
Decision Date:	12/08/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/01/2014

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:

There were 191 pages provided for this review. The application for independent medical review was signed on July 30, 2014. It was for a TENS unit for 120 days rental, a urine toxicology screening and Norco 10-325 mg #90. There was a Network Medical Review from July 11, 2014. The patient was described as a 50-year-old man who was injured back in 2013. The diagnosis was cervical disc herniation status post an anterior cervical discectomy and fusion (ACDF) and lumbar disc herniation. The patient had also chronic, left greater than right, shoulder strain and bilateral lower extremity radicular pain. As of June 18, 2014, the patient reported subjective complaints of persistent pain in the neck, lower back, bilateral shoulder, bilateral hands and bilateral feet. The patient rates his pain as 8 out of 10 on the Visual Analog Scale and it is constant. The patient takes Norco and that controls the pain from eight down to a five. He takes one or two a day. The cervical has reduced range of motion. The patient can do self-care and housework. He needs assistance when he has pain flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit 120 day Rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 116.

Decision rationale: The MTUS notes that TENS is not recommended 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, for the conditions described below.- Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)- Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)- Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)In the medical records it does not show that the claimant has any of these conditions that warrant TENS. Also, an outright purchase is not supported, but a monitored one month trial, not 120 days, is needed to insure there is objective, functional improvement. In the trial, there must be 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. There was no evidence of such in these records. Therefore, this request is not medically necessary.

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug testing.

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

Decision rationale: Regarding urine drug testing, the MTUS notes in the Chronic Pain section:Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. Therefore, this request is not considered medically necessary.