

<b>Case Number:</b>	CM14-0123965		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of November 30, 2010. A utilization review determination dated July 30, 2014 recommends non-certification of a 30 day trial of a TENS unit and tramadol 50 mg #300. A progress note dated July 10, 2014 identifies subjective complaints of persistent right shoulder pain. The patient reports that without medications her shoulder pain is about an 8/10 and with medications her pain comes down to a 5/10, the medications allow her to carry out activities of daily living such as cooking, cleaning, laundering, self hygiene, and exercising on a consistent basis, the patient does not report any adverse side effects to the medications, and there are no aberrant behaviors reported. Current medications include tramadol 50 mg 4 a day, Flexeril 10 mg 1-2 at bedtime, Wellbutrin XL 150 mg three a day, and trazodone 50 mg one at night. Physical examination identifies a minimal tenderness throughout the right shoulder and full range of motion. The treatment plan recommends a two-month prescription of medications which include tramadol 50 mg #300, tizanidine 4 mg #120 instead of Flexeril, and trazodone 50 mg #60. The treatment plan also recommends a follow-up appointment for psychotherapy and a request for authorization for a 30 day trial of a TENS unit to use on the right shoulder. The patient used a TENS unit during her last course of physical therapy and she found it helped alleviate her shoulder pain significantly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thirty (30) Day Trial of TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

**Decision rationale:** Regarding the request for a 30 day trial of TENS unit, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has failed medications or other pain modalities, there is no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested 30 day trial of TENS unit is not medically necessary.

**Tramadol 50mg #300:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term use of opiates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 75-79 of 127.

**Decision rationale:** Regarding the request for tramadol 50mg #30, California Pain Medical Treatment Guidelines state that Ultram is a synthetic opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the tramadol is improving the patient's function (in terms of specific objective functional improvement) and pain (in terms of reduced NRS, or percent reduction in pain), there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested tramadol 50mg #30 is medically necessary.