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| <b>Case Number:</b>   | CM14-0152458 |                              |            |
| <b>Date Assigned:</b> | 09/22/2014   | <b>Date of Injury:</b>       | 06/30/2013 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 08/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2014 |

### 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 Emergency Medicine and is licensed to practice in Texas. 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 36-year-old female who reported an injury on 06/30/2013. The injured worker sustained an injury while she was walking toward an office to answer a ringing phone. The floor outside the office was mopped by an inmate just before she fell. She sustained injuries to her low back. The injured worker's treatment history included x-rays, medications, anti-inflammatory medications, a TENS unit, and physical therapy. It was documented on 07/14/2014 that the injured worker indicated a TENS unit sometimes provides her temporary relief from the pain. She had attended physical therapy which she stated she did not find very helpful. The injured worker had a urine drug screen on 07/14/2014 that was positive for Tramadol. The injured worker was evaluated on 08/04/2014 and it is documented the injured worker complained of low back pain and left hip pain radiating down to the left knee. It was noted the injured worker was scheduled for left femoral bursae and left sciatic nerve injection. Vital signs were blood pressure 103/70, pulse 74, respirations were 12, and BMI was 25.4. Diagnoses include left sciatica, left femoral bursitis, lumbar radiculitis, pain related anxiety, and pain related insomnia. Medications included Motrin 800 mg, Tramadol, Prilosec 20 mg, Theramine, Compazine, amoxicillin, Fioricet, and Motrin 800 mg. The Request for Authorization dated 08/18/2014 was for a urine drug screen, tramadol 325 mg, Prilosec 20 mg, and continue using TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening.

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

**Decision rationale:** The request for the random urine screening is not medically necessary. The California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids and ongoing management; opioids, differentiation: dependence and addiction; opioids, screening for risk of addiction (tests); and opioids, steps to avoid misuse/addiction. The provider indicated the urine drug screen was for medication compliance; however, there was no indication how long injured worker has been on opioids. In addition, the injured worker had a urine drug screen on 07/14/2014 that was positive for opioid usage the provider indicated the injured worker had previous conservative care measures; however, the outcome measurements were not submitted for this review. Given the above, the request for urine drug screen is not medically necessary.

**Tramadol 325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

**Decision rationale:** The request for Tramadol 325 mg # 180 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, there lack of evidence of outcome measurements of conservative care such as, home exercise regimen outcome improvements noted for the injured. The request submitted failed to indicate frequency and duration of medication. Therefore, the request for Tramadol 325mg #180 is not medically necessary.

**Prilosec 20mg#90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

**Decision rationale:** The request for of Prilosec 20 mg #90 is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) who are at risk of gastrointestinal events. The documentation failed to indicate the injured worker having gastrointestinal events and the Prilosec resolves the issue; however, the request lacked frequency and duration of the medication for the injured worker. Therefore, the request for Prilosec 20mg#90 is not medically necessary.

**Continue using TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS( transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines (MTUS) states that the electrical muscle stimulation unit it not recommend for chronic pain. It states that the electrical muscle stimulation unit should not be used as a primary treatment modality, but a one month home based electrical muscle stimulation trial may be considered as a noninvasive conservative option, if used as (an adjunct to ongoing treatment modalities within 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. In this case, there was no mention of any clinical trial the electrical muscle stimulation unit resulting on the functional improvements establishing efficacy of this device for the injured worker. There is lack of documentation to support the injured worker conservative care including active modalities, such as physical therapy. The injured worker indicated on 07/14/2014 that the TENS unit provided her with temporary relief from her pain, and she did not find physical therapy sessions helpful at all. As such, the request for continue using TENS unit is not medically necessary.