

<b>Case Number:</b>	CM14-0155260		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 39-year-old female who has submitted a claim for low back pain, lumbosacral joint/ligament sprain/strain, and sacroiliac ligament sprain/strain; associated with an industrial injury date of 05/05/2014. Medical records from 2014 were reviewed and showed that patient complained of low back pain graded 3-4/10. The patient reports constipation and an upset stomach. Physical examination showed tenderness over the lumbar spine with spasms. Range of motion of the lumbar spine was decreased. The patient was unable to walk on her toes and heels. Treatment to date has included medications, TENS, home exercise program, and chiropractic therapy. Utilization review, dated 09/12/2014, denied the request for fenoprofen calcium because the patient has suspected complications with the use of other NSAIDs; and denied the request for TENS patches because the use of a TENS device is not recommended as a primary treatment modality, and progress notes did not demonstrate any efficacy or utility with the use of this device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen calcium 400mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. There is no evidence of long-term effectiveness for pain or function. In this case, the patient complains of low back pain graded 3-4/10. The patient has been prescribed NSAIDs since at least May 2014, and currently complains of constipation and upset stomach. However, guidelines support does not support long-term use of NSAIDs. Moreover, the present request as submitted failed to specify the number to be dispensed. Therefore, the request is not medically necessary.

**TENS patches x2:** Upheld

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

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

**Decision rationale:** As stated on pages 114 to 116 of MTUS Chronic Pain Guidelines, TENS units are 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. In this case, the patient has been using TENS unit since June 2014. However, there was no documented symptom relief and functional improvement attributed to its use. There is no clear indication for certifying TENS unit supplies at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request is not medically necessary and appropriate.