

Case Number:	CM14-0156533		
Date Assigned:	09/26/2014	Date of Injury:	11/08/2000
Decision Date:	12/09/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 patient with a date of injury of 11/8/00. A utilization review determination dated 8/27/14 recommends non-certification of Ativan and TENS with supplies. 7/17/14 medical report identifies pain in the low back and left greater than right foot. He is taking Ativan and Norco, and finds them helpful. On exam, Valsalva and Patrick-Fabere are positive bilaterally. SLR causes pain bilaterally. There is tenderness with limited ROM. Recommendations include UA, heating/cooling unit and moist heat pad, TENS unit supplies, electric wheelchair, plastic surgery consultation, new shoes/boots, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg quantity unknown with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Regarding the request for Ativan (Lorazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit

use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Ativan (Lorazepam) is not medically necessary.

TENS unit batteries, quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: Regarding the request for TENS unit batteries, 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 non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Prior to TENS unit purchase, a one-month trial should document how often the unit was used, outcomes in terms of pain relief and function, and other treatment including pain medication. Within the documentation available for review, it appears that the patient has been utilizing a TENS unit, but there is no indication of efficacy of the treatment as evidenced by pain relief, functional improvement, decreased medication use, etc., to support the medical necessity of additional supplies. In the absence of clarity regarding those issues, the currently requested TENS unit batteries are not medically necessary.

TENS unit electrodes, quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: Regarding the request for TENS unit electrodes, 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. Prior to TENS unit purchase, a one-month trial should document how often the unit was used, outcomes in terms of pain relief and function, and other treatment including pain medication. Within the documentation available for review, it appears that the patient has been utilizing a TENS unit, but there is no indication of efficacy of the treatment as evidenced by pain relief, functional improvement, decreased medication use, etc., to support the

medical necessity of additional supplies. In the absence of clarity regarding those issues, the currently requested TENS unit electrodes are not medically necessary.

TENS unit adhesive remover, quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: Regarding the request for TENS unit adhesive remover, 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. Prior to TENS unit purchase, a one-month trial should document how often the unit was used, outcomes in terms of pain relief and function, and other treatment including pain medication. Within the documentation available for review, it appears that the patient has been utilizing a TENS unit, but there is no indication of efficacy of the treatment as evidenced by pain relief, functional improvement, decreased medication use, etc., to support the medical necessity of additional supplies. In the absence of clarity regarding those issues, the currently requested TENS unit adhesive remover is not medically necessary.