

<b>Case Number:</b>	CM14-0167080		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	02/09/2005
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Internal 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:

This is a case of a 67 year old male with a date of injury of 2/9/2005. The patient was being treated for chronic knee and low back pain. In reviewing a primary treating physicians report dated 9/16/2014 by [REDACTED] and [REDACTED], the patient reports that his lumbar spine pain is controlled with Norco 10/325 mg. Objective findings on exam that day revealed lumbar spine tenderness to palpation over the paravertebral musculature, lumbosacral junction, right sciatic notch and right sacroiliac joint. Straight leg raising test elicits increased lumbar spine pain. Yeoman's test is positive on the right. Range of motion of the lumbar spine reveals flexion to 48 degrees, extension to 18 degrees, right side bending to 20 degrees and left side bending to 22 degrees. The patient has a diagnosis of status post right knee arthroplasty performed on 11/3/2010, status post right knee arthroscopy performed 10/28/2005, and lumbar spine musculoligamentous sprain/strain with right lower extremity radiculitis with history of right sacroiliac joint sprain with X-ray revealing multilevel spondylosis worse at L5-S1, with multilevel vertebral body spurring. A urine drug screen on 12/13/2013 was negative for Norco and illicit substances. At this time it is requested to obtain authorization for urine drug screen to document medication compliance. Also requested is a replacement TENS unit as the old unit was now more than 3 years old and is no longer functioning. The patient reports decreased pain and muscle spasm with prior TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) urine drug screen to document medication compliance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for Use of Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,88, and 94.

**Decision rationale:** Based on MTUS guidelines, urine drug screening is recommended as an option to assess for the use or the presence of illegal drugs. Criteria used to define serious substance misuse in a multi-disciplinary pain management program include: (a) cocaine or amphetamines on urine toxicology screen; (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasion for opioids not routine prescribed. Also included under the heading of Opioids, steps to avoid misuse/addiction, it states that for those at high risk of abuse, frequent random urine toxicology screens are recommended. In this case, the patient tested negative for any illicit drugs, but also tested negative for Norco which he was supposedly taking. This in itself may be a diversion from the prescribed regimen and based on MTUS guidelines would recommend urine toxicology screening more frequently to monitor these diversions. Therefore based on MTUS guidelines and the evidence in this case, the request for one urine drug screen to document medical compliance is medically necessary.

**One (1) TENS unit:** Overturned

**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 Page(s): 116.

**Decision rationale:** Based on MTUS guidelines, the criteria for the use of TENS for chronic intractable pain are as follows. There needs to be documentation of pain of at least 3 months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one month trial period of the TENS unit 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including a specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case, the patient does have documentation of pain of a least 3 months duration and there is evidence that other appropriate modalities have been tried and failed. There is also documentation of daily use with the TENS unit as well as it improving his pain and muscle spasms. There did not seem to be any reduction in the use of his narcotic pain medications but the unit was to be used in conjunction with pain medication. The

patients treatment plan and goals are well outlined. Therefore, based on the MTUS guidelines and the evidence in this case, the request for one TENS unit is medically necessary.