

<b>Case Number:</b>	CM14-0174069		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 36 year old male with date of injury 12/10/2008. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain since the date of injury. He has been treated with surgery 02/2014 (L5 Right hemilaminectomy, L5-S1 diskectomy), physical therapy and medications. MRI of the lumbar spine dated 12/2013 revealed a right paracentral disc herniation at L5-S1. Objective: decreased and painful range of motion of the lumbar spine, antalgic gait. Diagnoses: lumbar disc disease. Treatment plan and request: TENS unit, 30 day trial; urine drug screen; Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day rental of TENS unit with supplies:** Upheld

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

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

**Decision rationale:** This 36 year old male has complained of lower back pain since date of injury 12/10/2008. He has been treated with surgery 02/2014 (L5 Right hemi-laminectomy, L5-S1 diskectomy), physical therapy and medications. The current request is for a 30 day trial of

TENS unit. Per the MTUS guidelines cited above, a TENS unit trial is indicated if other pain treatment modalities have failed. There is no documentation in the available medical records to support failure of other treatment modalities. The medical provider notes state that the patient has had a significant improvement in his pain post operatively and after a post-operative course of physical therapy. On the basis of the above stated guidelines and on the available provider notes, a 30 day trial of a TENS unit is not indicated as medically necessary.

**1 prescription of Xanax 1.0mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine: weaning. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic regarding: Alprazolam (Xanax) / Anxiety medications in chronic pain

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

**Decision rationale:** This 36 year old male has complained of lower back pain since date of injury 12/10/2008. He has been treated with surgery 02/2014 (L5 Right hemi-laminectomy, L5-S1 discectomy), physical therapy and medications to include Xanax for at least a 12 month duration. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Xanax is not indicated as medically necessary in this patient.

**Retrospective: 1 urine drug screen DOS: 7/17/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urinalysis regarding: Opiates, steps to avoid misuse/addiction;/(/.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse Page(s): 94.

**Decision rationale:** This 36 year old male has complained of lower back pain since date of injury 12/10/2008. He has been treated with surgery 02/2014 (L5 Right hemi-laminectomy, L5-S1 discectomy), physical therapy and medications. The current request is for random in office Urine Drug Screen. Per the available provider records, the patient should no longer be taking medications that are screened in a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of this lack of documentation and the MTUS guidelines cited above, random in office urine drug screen performed is not indicated as medically necessary.