

<b>Case Number:</b>	CM14-0182356		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	04/16/2003
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Medicine and is licensed to practice in Texas and Ohio. 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 42-year-old male who reported injuries resulting from attempting to move a 450 pound piece of furniture upstairs, when he got pinned against a wall when a coworker was unable to support the weight of the piece of furniture, on 04/16/2003. On 09/30/2014, his diagnoses included status post lumbosacral fusion at L4-5 and L5-S1, chronic L5-S1 radiculopathy, multilevel lumbar spinal stenosis, degenerative disc disease, degenerative joint disease, multilevel lumbar facet arthrosis, multifactorial stenosis, chronic low back pain, left lateral epicondylitis, and status post left shoulder surgery x 2. His complaints included low back pain radiating to both legs and left shoulder pain. Without medication, his pain was severe and constant. With medication, he was "functional and improved". The pain was better by 50% with medications. Upon examination, the lumbar spine had decreased and painful range of motion with positive straight leg raise tests bilaterally, positive Lasegue's tests bilaterally, and positive spasms. His left shoulder was painful, with decreased range of motion. Forward flexion and abduction were 90 degrees. There was swelling noted about the lateral epicondyle of the left elbow, with painful gripping and tenderness to palpation. He had a positive tennis elbow test. The treatment plan included refilling his medications which included OxyContin 80 mg and a TENS/EMS unit. There was no rationale included in this worker's chart. A Request for Authorization dated 10/02/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for OxyContin 80mg, #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for OxyContin 80mg, #90 is not medically necessary.

**TENS/EMS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The request for a TENS/EMS unit is not medically necessary. The California MTUS Guidelines recommend a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Additionally, a treatment plan including the specific short term and long term goals of treatment with the TENS unit should be submitted. TENS units are not recommended as a primary treatment modality, but a 1 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 neuropathic pain, phantom limb pain, CRPS 2, spasticity, or multiple sclerosis. There was no evidence submitted that this injured worker was participating in a program of evidence based functional restoration. Although he did participate in a 30 day trial of a TENS unit, the clinical records submitted for review failed to provide documentation of objective functional benefit that was received and objective decrease in pain that was a benefit of the TENS unit, nor on what part of the body the unit was utilized. Also, the request as submitted failed to indicate any supplies being requested along with the unit. There was no specific treatment plan included. Given the above, this request for a TENS/EMS unit is not medically necessary.

