

Case Number:	CM14-0023557		
Date Assigned:	05/12/2014	Date of Injury:	09/21/2012
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of September 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier provision of a TENS unit; and 15 sessions of physical therapy. In a Utilization Review Report dated February 6, 2014, the claims administrator denied a request for TENS unit patches, stating there is no evidence that earlier usage of TENS unit had been beneficial. Non-MTUS ODG Guidelines were cited along with MTUS Guidelines. A progress note dated July 30, 2013 is notable for comments that the applicant reported a moderate to severe mid and low back pain. The applicant was still using Norco, Flexeril, and Naprosyn, it was stated. The applicant had had a TENS unit at that point in time, it was stated. The applicant had apparently quit smoking. The applicant was unemployed. A variety of opioid agents were issued including Duragesic, Lidoderm, Cymbalta, Ultracin ointment, and Zanaflex. The applicant is asked to continue the TENS unit. On January 5, 2014, the applicant was again described as using Cymbalta, Flector, Nucynta, Zanaflex, Lidoderm, and Ultracin. It was stated that the applicant's opioid regimen of Nucynta immediate release was titrated upward to help with his heightened pain complaints. Cymbalta was also refilled. TENS unit patches were sought. It was stated that the usage of TENS unit was providing some pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) PATCHES:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TENS TOPIC9792.20F Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome in terms of pain relief and function with an earlier one-month trial of the TENS unit in question. In this case, however, the applicant has apparently been issued with TENS unit. However, there has been no evidence of a favorable outcome in terms of either pain relief or function despite prior usage of the TENS unit. The applicant is seemingly off of work. The applicant remains highly reliant and highly dependent on a variety of opioid agents, including Nucynta, Duragesic, etc., as well as non-opioid agents such as Cymbalta and topical drugs. On balance, it does not appear that the ongoing usage of the TENS unit has produced any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request for provision of TENS unit supplies in the form of the requested patches is not medically necessary.