

<b>Case Number:</b>	CM14-0048936		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/16/2002
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 71 year-old male who sustained work related injuries on 08/16/02. The mechanism of injury is not described. The record indicates that the injured worker ultimately underwent bilateral shoulder arthroscopy surgeries with residuals. He is noted to be retired from his occupation and is currently not working. The submitted records report that the injured worker has chronic pain, typically 5-7/10. Per a clinical note dated 02/14/14, his pain is significantly decreased with the use of oral medications. It is further noted that the injured worker receives benefit from a Transcutaneous Electrical Nerve Stimulation (TENS) unit. The most recent physical examinations note tenderness over the trapezius and shoulder girdles. The injured worker is reported to have muscle spasms along the trapezius bilaterally and shoulder girdles. Cervical range of motion is reduced. There is a mildly positive Hawkins' sign bilaterally. The record does not contain any urine drug screens. The record contains a utilization review determination dated 03/19/14 in which requests for replacement of transcutaneous electrical nerve stimulation pads, Ultracet 37.5/325mg #120, and Ultracet 37.5/325mg #180 were not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement of transcutaneous electrical nerve stimulation (TENS) pad:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) device.

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

**Decision rationale:** The submitted clinical records indicate that the injured worker has chronic bilateral shoulder pain and impingement. He is reported to use Transcutaneous Electrical Nerve Stimulation (TENS) on a monthly basis to treat these conditions. The serial clinical records do not provide any data establishing clear efficacy of this treatment. The use of TENS for the shoulder is not supported under CA MTUS. Additionally, there is no data which clearly identifies functional improvements as a result. As such, the medical necessity is not established.

**Ultracet 37.5/325 MG # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-80.

**Decision rationale:** The submitted clinical records indicate that the injured worker has bilateral shoulder pain and is status post arthroscopic surgery. He has chronically been maintained on the medication Ultracet. While the records do report significant reduction in visual analogue scale (VAS) scales with the use of this medication, there is no data indicating that the injured worker has a signed pain management contract or undergoes routine urine drug screens (UDS) to assess compliance. The CA MTUS requires that periodic urine drug screens be performed for those injured workers who are maintained on opiate medications. As such, given the absence of a pain management contract and noting no evidence of compliance testing, the medical necessity for the continued use of this medication is not established.

**Ultracet 37.5/325 MG # 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-80.

**Decision rationale:** The submitted clinical records indicate that the injured worker has bilateral shoulder pain and is status post arthroscopic surgery. He has chronically been maintained on the medication Ultracet. While the records do report significant reduction in visual analogue scale (VAS) scores with the use of this medication, there is no data indicating that the injured worker has a signed pain management contract or undergoes routine urine drug screens (UDS) to assess compliance. The CA MTUS requires that periodic urine drug screens be performed for those injured workers who are maintained on opiate medications. As such, given the absence of a pain management contract and noting no evidence of compliance testing, the medical necessity for the continued use of this medication is not established.

