

<b>Case Number:</b>	CM14-0063240		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/04/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Preventive 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:

According to the records made available for review, this is a 51-year-old male with a 4/4/09 date of injury. At the time (4/23/14) of request for authorization for Psych therapy for stress, anxiety and depression, Tramadol ER, and TENS unit, there is documentation of subjective (cervical, lumbar, bilateral shoulder, and bilateral knee pain) and objective (tenderness over the cervical and lumbar spine area, decreased range of motion and 4/5 motor strength) findings, current diagnoses (sprain/strain of the neck, sprain/strain of the shoulder and arm and sprain/strain of the knee and leg), and treatment to date (medications (including previous treatment with Naproxen and ongoing treatment with Tramadol since at least 5/14/13), steroid injections, home exercise program, physical therapy, and acupuncture). Medical report identifies that medications decrease pain and help the patient do home exercises and activities of daily living. Regarding Tramadol, there is no documentation of moderate to severe pain; and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding TENS unit, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych therapy for stress, anxiety and depression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of sprain/strain of the neck, sprain/strain of the shoulder and arm and sprain/strain of the knee and leg. However, there is no documentation of the number of treatments requested. Therefore, based on guidelines and a review of the evidence, the request for Psych therapy for stress, anxiety and depression is not medically necessary.

**Tramadol ER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Pain, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sprain/strain of the neck, sprain/strain of the shoulder and arm and sprain/strain of the knee and leg. In addition, there is documentation of ongoing treatment with Tramadol. Furthermore given documentation of previous treatment with NSAIDS, there is documentation of Tramadol used as a second-line treatment. Lastly, given documentation that Tramadol decreases pain and helps the patient do home exercises and activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Tramadol use to date. However, there is no documentation of moderate to severe pain. In addition, there is no documentation that the

prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER is not medically necessary.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of sprain/strain of the neck, sprain/strain of the shoulder and arm and sprain/strain of the knee and leg. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (medications, steroid injections, home exercise program, physical therapy, and acupuncture) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for TENS unit is not medically necessary.