

<b>Case Number:</b>	CM14-0089992		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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:

This is a 48-year-old male patient with a 7/31/13 date of injury. The mechanism of injury was not provided. In the received medical records, progress reports were not provided. A 12/19/13 electrodiagnostic consultation revealed that the patient complained of lower back pain, as well as bilateral extremity pain, left greater than right. Impression revealed that electrodiagnostic study would be consistent with a left sided lumbar radiculopathy at L5 and S1. A medical consultation dated with 5/5/14 was hand written, and partially eligible. There was indicated that the patient has been used TENS unit at home, as he use in PT sessions. Treatment to date: physical therapy. There is documentation of a previous 6/11/14 adverse determination. The UR decision was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** The California MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action of opiate receptors, thus criterion for opiate use per MTUS must be followed. There was no available information in regards to severe pain. In addition, there was no documentation supporting pain rating on the VAS scale. Therefore, the request for Tramadol 50mg #60 is not medically necessary.

**Docuprene 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate).

**Decision rationale:** CA MTUS does not support this issue. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon or rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. There was no available progress report indicating constipation. Therefore, the request for Docuprene 100mg #60 was not medically necessary.

**TENS Unit Patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. However, although it is noted that the patient has used a TENS unit previously, there is no documentation of functional improvement and pain relief from the use of the TENS unit. For ongoing TENS unit management, there should be documentation of functional benefit. Since the continued TENS unit use is not supported by the documentation provided, the request for TENS unit patches are also not supported. Therefore, the request for TENS Unit Patches is not medically necessary.