

<b>Case Number:</b>	CM15-0107382		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old male who sustained an industrial injury on 03/04/2011. Current diagnoses include lumbar sprain, knee sprain, left ankle and foot sprain, Achilles tendinitis with calcaneal bursitis, peroneal tendinitis, status post excision of spur, and due to chronic pain complaints of depression, sleep dysfunction, and sexual dysfunction. Previous treatments included medications, left heel and ankle surgery on 07/06/2011 and 08/05/2013, Cam walker, TENS unit, and physical therapy. Previous diagnostic studies include an x-ray of the left knee, MRI of the lumbar spine. Initial injuries sustained included the left knee and left ankle. Report dated 05/07/2015 noted that the injured worker presented for follow up. Pain level was not included. Physical examination was positive for decreased range of motion in the left ankle, tenderness in the left Achilles tendon, knee tenderness, and lumbar spine tenderness. The treatment plan included requests for gym membership, four lead transcutaneous electrical nerve stimulation (TENS) unit, Nalfon, Protonix, tramadol ER, Effexor ER, trazodone, provided with Valium and tramadol 50mg #30 until approved, and request for 10 panel urine screen. Disputed treatments include one four lead transcutaneous electrical nerve stimulation (TENS) unit, one conductive garment for TENS, Tramadol ER, gym membership for one year, 10-panel urine screen, retrospective Tramadol 50mg dispensed 5/7/15, and retrospective Valium 10mg dispensed 5/7/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four-Lead Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, TENS unit.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that TENS units can be utilized for the relief of musculoskeletal pain. It is recommended that there should be an initial 1 month trial of the use of a TENS unit. The modality of the utilization of the use of the TENS unit should be documented. The guidelines recommend that the TENS units can then be purchased or authorized for long-term use if there is documentation of pain relief, improved function with range of motion, and reduction in medication utilization. There is no mention of short-long term goals with TENS unit therapy. There is no mention of whether or not the TENS unit is for rental. Therefore, the request is not medically necessary.

**Conductive Garment for TENS: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Tramadol ER 150mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates for neuropathic pain Page(s): 82-84.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is not recommended as a first line oral analgesic. There is no frequency within the request for Tramadol. Therefore, the request is not medically necessary.

**One Year Gym Membership: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers'

Comp 2012 on the web ([www.odgtreatment.com](http://www.odgtreatment.com)). Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)), (updated 02/14/12).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships.

**Decision rationale:** The ODG Guidelines state that gym membership is not recommended as a medical prescription unless with documented home exercise program, with periodic assessment. Revision has not been effective and there is a need for equipment. There is no clear rationale within the submitted documentation as to why a gym membership is indicated or desired. There is no mention of the specific goals of treatment, and medical surveillance by a medical professional during the course of gym membership. Therefore, the request is not medically necessary.

**Retrospective Tramadol 50mg, #30 (dispensed 5/7/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates for neuropathic pain Page(s): 82-84.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is not recommended as a first line oral analgesic. There is no frequency within the request for Tramadol. Therefore, the request is not medically necessary.

**10-Panel Urine Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines UDS Page(s): 77-79.

**Decision rationale:** According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. There is no mention of the injured worker being at high risk for abusing controlled substances. Therefore, the request is not medically necessary.

**Retrospective Valium 10mg, #15 (dispensed 5/7/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. There is no mention of how effective Valium has been in terms of functional mobility, and/or quality of life. Within the request, frequency was not listed. Therefore, the request is not medically necessary.