

<b>Case Number:</b>	CM15-0131834		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	11/28/2007
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61-year-old who has filed a claim for chronic neck, shoulder, and elbow pain reportedly associated with an industrial injury of November 28, 2007. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve requests for 4-lead TENS unit, an associated conductive garment, Norflex, and Ultracet. The claims administrator did, however, approve a cervical pillow, traction device, Naprosyn, and Protonix. A partial approval for Ultracet was also issued. The claims administrator referenced a June 17, 2015 order form in its determination. The applicant's attorney subsequently appealed. On May 11, 2015, the applicant reported ongoing complaints of neck and shoulder pain. Norco, Flexeril, Naprosyn, and an additional 12 sessions of manipulative therapy were sought. The applicant was returned to regular duty work suggested that the applicant's analgesic medications were ameliorating her moderate-to-severe pain complaints. On June 17, 2015, the applicant reported ongoing complaints of neck and shoulder pain. It was stated that the applicant had previously completed a functional restoration program. The attending provider stated that the applicant had returned to work in August 2012 and was continuing to work at this point. The attending provider also stated that the applicant's cervical pillow had worn out. A replacement pillow was sought. The attending provider stated that the applicant's 2-lead TENS unit was not providing enough analgesia. A 4-lead TENS unit was therefore endorsed. The applicant was asked to continue working and continue manipulative therapy. Naprosyn, Protonix, Norflex, and Ultracet were endorsed along with the 4-lead TENS unit with associated conductive garment. The attending

provider suggested (but did not clearly state) the Ultracet was a first-time request. The applicant's complete medication list was not discussed on this occasion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Four lead TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** No, the request for a 4-lead TENS unit was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis were predicated on the evidence of favorable outcome during an earlier one-month trial of the same, with evidence of beneficial outcomes present in terms of both pain relief and function. Here, however, the attending provider sought authorization for the 4-lead TENS unit at issue on June 17, 2015 without having the applicant first undergo one-month trial of the same. Therefore, the request was not medically necessary.

**Conductive Garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** Similarly, the request for a conductive garment was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a form-fitting TENS devices and conductive garments are only considered medically necessary when there is documentation that there is such a large area which requires stimulation that a conventional system cannot accommodate the treatment. Here, the applicant's primary pain generators were the cervical spine and shoulder, i.e., relatively confined areas which did not seemingly warrant provision of an associated conductive garment. It is further noted that the primary request for 4-lead TENS unit was deemed not medically necessary, above, in question #1. The derivative or companion request for an associated conductive garment was, thus, not indicated. Therefore, the request was not medically necessary.

**Norflex 100mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** Similarly, the request for Norflex, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that non-sedating muscle relaxants such as Norflex are recommended with caution as a second line option in the short-term treatment of acute exacerbations of chronic low back pain, here, however, the 60-tablet renewal request for Norflex, suggested chronic, long-term, and/or twice daily usage of the same, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Ultracet 37.5mg/325mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

**Decision rationale:** Finally, the request for Ultracet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. Here, however, the attending provider did not reconcile his prescription for Ultracet on June 7, 2015 with his earlier prescription for a second short-acting opioid, Norco, on May 11, 2015. The attending provider did not clearly state whether he intended for Ultracet to replace previously prescribed Norco or whether he intended for the applicant to use two agents concurrently. Therefore, the request was not medically necessary.