

<b>Case Number:</b>	CM15-0140473		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 24-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 4, 2013. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve requests for a TENS unit, lumbar support, multidisciplinary functional restoration program, and Zipsor. The claims administrator referenced an RFA form received on June 16, 2015 in its determination. The applicant's attorney subsequently appealed. On June 30, 2015, the applicant reported ongoing complaints of shoulder, neck, and back pain, 6-7/10, with derivative complaints of insomnia. The applicant was given diagnoses of chronic low back pain, morbid obesity, asthma, and insomnia. The applicant was asked to employ a TENS unit and lumbar support. A functional restoration program was endorsed. The claimant was given prescriptions for Zipsor and Silenor. Work restrictions imposed by an Agreed Medical Evaluator (AME) were renewed. It was acknowledged that the applicant's employer was unable to accommodate the stated limitations, resulting in a removal from the workforce. On June 2, 2015, the treating provider again noted that the applicant's former employer was unable to accommodate previously suggested limitations but that the applicant now worked in an alternate setting doing office work. 6-10/10 pain complaints were reported. In another section of the note, it was stated that the applicant's pain complaints were mild. The applicant was asked to perform home exercises to try and lose weight. A functional restoration program was again endorsed, as were a TENS unit and lumbar support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME purchase: TENS unit:** 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 Criteria for the use of TENS Page(s): 116.

**Decision rationale:** No, the request for a TENS unit [purchase] is 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 should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with favorable outcome present in terms of both pain relief and function. Here, however, the attending provider seemingly sought authorization for the TENS unit device on June 2, 2015 and on June 30, 2015 without having the applicant first to undergo a one month trial of the same. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a TENS unit trial should be considered only in individuals in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. Here, however, there was no mention of the applicant's having tried and/or failed analgesic medications prior to the request for the TENS unit being initiated. Therefore, the request is not medically necessary.

**DME purchase: lumbar support brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Similarly, the request for a lumbar support brace is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, June 2, 2015, following an industrial injury of March 4, 2013. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request is not medically necessary.

**Multi-disciplinary/ multi function restoration:** 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 Chronic pain programs (functional restoration programs) Page(s): 32.

**Decision rationale:** The request for a multidisciplinary pain program/multidisciplinary functional restoration program is not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, two of the cardinal criteria for pursuit of a functional restoration program include evidence that an applicant has a significant loss of ability to function independently resulting from chronic pain and evidence that previous methods treating chronic pain have prove unsuccessful options likely to result in significant clinical improvement. Here, however, the treating provider reported on June 2, 2015 and on June 30, 2015 that the applicant had found alternate work in another capacity, with another employer, performing office work. The applicant's successful return to work, thus, suggested that the applicant did not, in fact, have a significant loss of ability to function resulting from her chronic pain complaints. The attending provider did not state why the applicant could not continue her rehabilitation through more conventional means, including conventional outpatient office visits, analgesic medications, home exercises, etc. Therefore, the request is not medically necessary.

**Zipsor 25 mg #1 with no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

**Decision rationale:** No, the request for diclofenac (brand-name Zipsor) is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Zipsor do represent the traditional first-line treatment for chronic pain conditions, as were/are present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "cost" into his choice of recommendations. Here, however, the attending provider failed to state why brand-name Zipsor was furnished in favor of generic diclofenac or other generic NSAIDs such as Motrin or naproxen. ODG's Chronic Pain Chapter Diclofenac topic also notes that diclofenac (AKA Zipsor) is not recommended as a first-line NSAID owing to its increased risk profile. Again, the attending provider did not clearly state why Zipsor had been furnished in favor of first-line NSAIDs such as Motrin and naproxen. Therefore, the request is not medically necessary.

**Trial sample of Silenor 3 mg #1 pm #8:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, sedating antidepressants.

**Decision rationale:** Finally, the request for Silenor (doxepin) is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Silenor (doxepin) may be helpful in alleviating symptoms of depression as were/are present here, here, the applicant reported issues with mood disturbance/depression present on June 30, 2015, with manifestations including insomnia. ODG's Mental Illness and Stress Chapter Insomnia Treatment topic also notes that sedating antidepressants such as Silenor (doxepin) may be an option in applicants with insomnia and/or co-existing depression. Thus, a trial of Silenor (doxepin) was in-line with both ACOEM and ODG principles and parameters. Therefore, the request is medically necessary.