

<b>Case Number:</b>	CM15-0142619		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	09/13/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34-year-old female, who sustained an industrial injury on 9-13-14. The injured worker has complaints of low back pain with radicular symptoms down the right leg. The documentation noted that the injured worker presents with significant guarding and pain behavior and her gait is very slow and guarded and she exhibits a highly antalgic gait pattern and her movement is limited at the lower back. The diagnoses have included prolapsed lumbar intervertebral disc; displacement of lumbar intervertebral disc without myelopathy and chronic pan syndrome. Treatment to date has included ibuprofen; cyclobenzaprine; lidoderm patch; naproxen; physical therapy; home exercise program and acupuncture. The request was for naproxen 500mg #60 with 2 refills and transcutaneous electrical nerve stimulation unit, H-wave purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-73.

**Decision rationale:** The claimant sustained a work injury in September 2014 and continues to be treated for radiating back pain. Treatments have included acupuncture, physical therapy, medications, and injections. When seen, there had been no significant changes since the previous visit. She was having ongoing pain radiating into the right lower extremity. She had run out of anti-inflammatory medication. Ibuprofen had been prescribed. Physical examination findings included muscle guarding and pain behaviors. There was a slow and guarded gait with an antalgic pattern. There was a flat depressed affect. There was limited lumbar spine range of motion. Her BMI was nearly 40. Naprosyn 500 mg two times per day was prescribed. Authorization for a TENS device was requested. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations and no other oral NSAID was being prescribed. The request was medically necessary.

**TENS unit - H-wave purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Transcutaneous electrotherapy, (2) H-wave stimulation (HWT), Page(s): 114, 117.

**Decision rationale:** The claimant sustained a work injury in September 2014 and continues to be treated for radiating back pain. Treatments have included acupuncture, physical therapy, medications, and injections. When seen, there had been no significant changes since the previous visit. She was having ongoing pain radiating into the right lower extremity. She had run out of anti-inflammatory medication. Ibuprofen had been prescribed. Physical examination findings included muscle guarding and pain behaviors. There was a slow and guarded gait with an antalgic pattern. There was a flat depressed affect. There was limited lumbar spine range of motion. Her BMI was nearly 40. Naprosyn 500 mg two times per day was prescribed. Authorization for a TENS device was requested. A one-month home-based trial of TENS may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. H-wave stimulation can be considered only following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, there is no documented home-based trial of TENS or H-wave use. Providing a unit with either function was not medically necessary.