

<b>Case Number:</b>	CM15-0166693		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/16/1996
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Hawaii

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 78 year old male who sustained an industrial injury on 03-16-96. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies are not addressed. Current complaints include unspecified pain. Current diagnoses include shoulder joint pain, lower leg pain, lumbago, lumbar degenerative disc disease, and sciatica. In a progress note dated 04-14-15 the treating provider reports the plan of care as medications including Voltaren gel, ibuprofen, Tramadol, as well as a TENS unit. The injured worker reports 100% relief of his chronic pain with the use of the TENS loaner unit. The requested treatments include a TENS unit and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS unit trial purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

**Decision rationale:** The patient presents with pain and stiffness in the left shoulder. The current request is for the purchase of a TENS unit. The treating physician notes on 4/14/15 (15B) the patient "states 100% relief of his chronic pain with use of TENS loaner unit (unit #4) as given by this office 3 months ago, which allows him 2-3H of relief, 1.5H BID." The physician continues "We will now request auth for PURCHASE of the unit." MTUS guidelines on the criteria for the use of TENS in chronic intractable pain state, "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial". And "a treatment plan including the short and long-term goals of treatment with the TENS unit should be submitted". In this case, the patient has been using a TENS unit and reporting positive benefits. The treating physician documents how often the unit was used, as well as outcomes in terms of pain relief and function during the 3-month trial. The treatment plan listed 1.5H BID. The current request is medically necessary.

**1 prescription for Tramadol 50mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with pain and stiffness in the left shoulder. The current request is for Tramadol 50mg, quantity 30 with 2 refills. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The treating physician notes on 4/14/15 (15B) the patient "states continued 30-40% relief with use of his Tramadol max 1/day and ibuprofen 800mg PRN BTP only." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The current request is medically necessary.