MAXIMUS Federal Services

Case Number:	CM15-0192719		
Date Assigned:	10/06/2015	Date of Injury:	11/20/2004
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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 [redacted] claims beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 20, 2004. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve a request for a TENS unit purchase. The claims administrator referenced a June 9, 2015 RFA form and an associated April 29, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 25, 2015, the applicant reported ongoing complaints of neck pain. The applicant was using Buprenorphine for pain relief, the treating provider reported. The applicant contended that Buprenorphine had caused heightened delusions. The applicant's medication list included Butrans, donepezil, Fosamax, Neurontin, and Namenda, it was reported. Permanent work restrictions were endorsed. The attending provider suggested that the applicant employ Buprenorphine at a lower dose. There was no seeming mention of the TENS unit on this date. On September 9, 2015, the applicant reported ongoing complaints of shoulder pain and upper extremity pain. The applicant was described as having heightened symptoms of dementia. Neurontin was causing issues with sedation, the treating provider reported. The applicant's medication list included Aricept, Fosamax, Neurontin, Namenda, and vitamins, it was reported. The attending provider sought authorization for TENS unit on the grounds that the applicant had developed side effects with various medications and issues with dementia.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Yes, the request for a TENS unit [purchase] was medically necessary, medically appropriate, and indicated here. While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that TENS units should generally be employed on a one-month trial basis before a request to purchase the same is initiated, in this case, however, the applicant's comorbidities, issues with dementia at age 80, reports of side effects with multiple different medications, etc., coupled with the fact that the claims administrator did not seemingly issue a partial approval of the TENS unit, taken together, do seemingly outweigh the attending provider's decision to endorse the TENS unit in question on a purchase basis without having the applicant first undergo a one-month trial of the same. The applicant was described on June 25, 2015 as having developed issues with sedation associated with Neurontin usage. The applicant had reported issues with heightened delusions on Buprenorphine patches. The applicant was described as demented on multiple office visits. It did not appear that usage of analgesic medications was an appropriate option here in this demented applicant who had suffered adverse effects with several other analgesic medications. Provision of a TENS unit on a purchase basis was, thus, indicated, despite the fact that the attending provider had failed to pursue the prerequisite one-month trial of the same, as suggested on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.