

<b>Case Number:</b>	CM15-0197115		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	12/16/1991
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker was a 64 year old female, who sustained an industrial injury, December 16, 1991. The injured worker was undergoing treatment for cervical pain and cervicgia, facet arthropathy, cervical, thoracic or lumbar. According to progress note of August 19, 2015, the injured worker's chief complaint was pain in the neck and upper back. The injured worker rated the pain at 5 out of 10 with pain medication and 10 out of 10 without medications. The physical exam noted decreased cervical spine tenderness, decreased flexion, decreased extension, decreased rotation, decreased left lateral bending and decreased right lateral bending. The lumbar spine noted tenderness at the facet joint with decreased flexion, decreased extension and decreased lateral bending. The treating physical felt the injured worker would benefit from a TENS (transcutaneous electrical nerve stimulator) unit for the lower back. The injured worker previously received the following treatments physical therapy, Phenergan, Robaxin, MSIR, Lyrica and Cymbalta. The RFA (request for authorization) dated the following treatments were requested the purchase of a TENS unit and supplies, prescription for Phenergan 25mg #90 since April 28, 2015. The UR (utilization review board) denied certification on September 8, 2015; for the purchase of a TENS unit and supplies, prescription for Phenergan 25mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit and supplies purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (updated 4/30/2015) TENS unit and supplies purchase.

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

**Decision rationale:** MTUS 2009 states that a TENS unit you should be part of a functionally restorative treatment program. This is a chronic injury for which TENS unit use has reportedly been successful in physical therapy. However subsequent notes indicate that it was not useful. From an objective standpoint, medication use remains the same and the treating physician continues to request interventions to treat the pain. Therefore the efficacy of TENS use in this patient is not established. Furthermore, there is no functionally restorative treatment program in place of which a TENS unit would be a part. This request for a TENS unit purchase is not medically necessary.

**Phenergan 25mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 9/03/2015) Antiemetics (for Opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-emetics (for opioid nausea).

**Decision rationale:** ODG clearly states that Phenergan is to be used in perioperative situations to treat nausea. It clearly states that it is not to be used to treat symptoms associated with opioid use. There are numerous side effects discussed in ODG including tardive dyskinesia. This request for Phenergan to treat opioid induced nausea is clearly not supported by ODG and is not medically necessary.