

<b>Case Number:</b>	CM15-0200484		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 24 year old with a date of injury on 9-25-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck, back and bilateral shoulder pain. Progress report dated 9-1-15 reports continued complaints of lumbar spine pain that is constant, aching and rated 8 out of 10. Cervical spine pain has improved and less frequent rated 2 out of 10. Thoracic spine pain is improved, intermittent and rated 5-6 out of 10. He reports increased sleep discomfort due to pain and stress. He takes Flexeril and ibuprofen sparingly. Objective findings: he has difficulty rising from sitting, antalgic gait, moves with stiffness protectively, he has difficulty falling asleep and remaining asleep. Treatments include: medication, physical therapy (provided modest relief to cervical spine, lumbar spine and bilateral shoulders) and chiropractic. Request for authorization dated 9-10-15 was made for oral Toprophan at bedtime quantity 30 1 refill and 1 month home based trial TENS-EMS. Utilization review dated 9-21-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Oral; Toprophan at bedtime #30 1 refill: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress section, Melatonin.

**Decision rationale:** The MTUS Guidelines do not address Toprophan or the ingredients (vitamin B6, inositol, tryptophan, valerian root, chamomile, melatonin, and other ingredients). The ODG does state that melatonin may be considered in the treatment of insomnia, however, the evidence is limited. In the case of this worker, there was insufficient reporting of the effectiveness of this supplement to justify its use. There was also insufficient information provided regarding the nature of difficulty sleeping and what was tried (first line therapy) before this combination supplement was considered. Therefore, without sufficient support for its continued use, this request for Toprophan is not medically necessary.

**1 Month home based trial of TENS with electro-muscular stimulation:** Upheld

**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): Transcutaneous electrotherapy.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was insufficient proof of criteria being met for the use of TENS. It was not clear as to which physical modalities were being used while using this device, and there was insufficient baseline record of function and pain levels in order to compare after the trial is completed. Therefore, this request is not medically necessary at this time without the required documentation as stated above.