

<b>Case Number:</b>	CM15-0202752		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 60-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 25, 2012. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve request for gabapentin and TENS unit patches. The claims administrator referenced a September 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On November 24, 2015, the attending provider apparently endorsed the applicant's application for unemployment consultation. On April 30, 2015, the applicant reported ongoing complaints of neck and low back pain, 6/10. The applicant had multiple pain issues with the neck, low back, and knee. The applicant had developed derivative issues with psychological stress, it was reported. Naprosyn, Ultracet, Prilosec, LidoPro cream, and TENS unit patches were endorsed. The applicant was reportedly working, the treating provider stated in one section of the note. Gabapentin was apparently introduced on this date, the treating provider stated in another section of the note. The treating provider suggested, somewhat incongruously, that the applicant was working with limitations in place. On an Agreed Medical Evaluation (AME) dated September 22, 2015, the medical-legal evaluator reported that the applicant was off of work and had not worked since July 8, 2014. On May 30, 2015 clinical progress note, the applicant reported 6/10 pain complaints. The applicant reported difficulty standing and walking. The applicant was on Neurontin, LidoPro, Ultracet, Naprosyn, and Prilosec, the treating provider reported. Work restrictions were endorsed. The applicant was also asked to continue using a TENS unit. On October 24, 2015, the applicant heightened complaints of lower extremity radicular pain complaints and difficulty walking. 7/10 pain was reported. The applicant was on Neurontin, Naprosyn, Prilosec, LidoPro, and a TENS unit, the treating provider reported. The applicant was asked to consider epidural injection. Acupuncture was sought. On this date, the treating provider did not seemingly state whether the applicant was or was not working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens Patch X 2 pairs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, TENS unit.

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

**Decision rationale:** No, the request for two TENS unit patches was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, procurement of a TENS unit on a purchase basis and, by implication, provision of associated supplies in the form of the TENS unit patches at issue should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, beneficial outcomes present in terms of both pain and function. Here, however, 7/10 pain complaints were reported on a clinical progress note of October 24, 2015. The applicant reported difficulty walking on that date. The applicant's work status was not explicitly detailed on this date. Ongoing usage of TENS unit failed to curtail the applicant's dependence on a variety of analgesic, adjuvant, and topical agents to include Naprosyn, Neurontin, and LidoPro. The applicant was reportedly considering epidural steroid injection therapy, the treating provider acknowledged on that date. A medical-legal evaluator stated on September 22, 2015, the applicant was off of work and had not worked in over a year. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the TENS unit. Therefore, the request for provision of associated TENS unit supplies is not medically necessary.

**Gabapentin 300mg #90:** 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain

and/or function achieved as a result of the same. Here, however, medical-legal evaluator reported on September 26, 2015 the applicant was not working and had not worked in over a year. Heightened pain complaints in the 7/10 range were reported on October 24, 2015. Ongoing use of gabapentin failed to curtail the applicant dependence on topical compounds such as LidoPro and/or oral agents such as Naprosyn, the treating provider reported on October 24, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.