

<b>Case Number:</b>	CM15-0208187		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/04/2006
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 64 year old female, who sustained an industrial injury on December 4, 2006, incurring hand, wrist, shoulder and back injuries. She was diagnosed with lumbar multilevel degenerative disc disease, lumbar canal stenosis, and carpal tunnel syndrome and shoulder sprains. Treatments included physical therapy, epidural steroid injection, pain medications, sleep aides, proton pump inhibitor, neuropathic medications and activity modification. She underwent carpal tunnel surgery in September, 2008, and November, 2008, left shoulder surgery in July, 2010 and right shoulder surgery in April, 2013. Currently, the injured worker complained of low back pain radiating to both legs. She rated her pain 5 out of 10 on a pain scale from 1 to 10. Upon examination she was noted to have tenderness and muscle spasms over the lumbar, sacral and mid back. She was noted to have decreased lower extremity strength. The treatment plan that was requested for authorization included one Interferential unit, with electrodes, batteries, setup and delivery and prescriptions for Codeine 300-30mg #30 and Gabapentin 300 mg #60. On September 25, 2015, a request for an interferential unit and supplies was non-certified; and 30 tablets of Codeine was modified to 15 tablets of Codeine; and 60 tablets of Gabapentin was modified to 30 tablets of gabapentin by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit, quantity: 1, with electrodes, batteries, setup and delivery: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** MTUS states regarding TENS unit, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention; Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program; Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings; Ankle and foot: Not recommended; Elbow: Not recommended; Forearm, Wrist and Hand: Not recommended; Shoulder: Recommended for post-stroke rehabilitation; Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above): (1) Documentation of pain of at least three months duration; (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed; (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial; (4) Other ongoing pain treatment should also be documented during the trial period including medication usage; (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; (6) After a successful 1- month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request for Interferential unit, quantity: 1, with electrodes, batteries, setup and delivery is not medically necessary.

**Codeine 300/30mg, quantity: 30: 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): Codeine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Tylenol with Codeine).

**Decision rationale:** MTUS and ODG state regarding codeine, "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain." ODG further states regarding opioid usage, "Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED)." The medical records do not indicate what first-line treatment was tried and failed. Additionally, medical records do not detail how the patient's pain and functional level with Codeine has improved. As such, the request for Codeine 300/30mg, quantity: 30 is not medically necessary.

**Gabapentin 300mg, quantity: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The medical documentation provided do not indicate objective functional improvement to warrant ongoing treatment as outlined in the above guidelines. As such, the request for Gabapentin 300mg, quantity: 60 is not medically necessary.