

<b>Case Number:</b>	CM15-0027517		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/19/2000
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 69 year old male who sustained an industrial injury on 08/19/2000. Diagnoses include lumbar spine degenerative joint disease, degenerative disc disease, liver disease, diabetes, and hypertension, and leiomyosarcoma state post-surgery in 2012. Treatment to date has included diagnostics, medications, physical therapy, acupuncture, chiropractic sessions, epidural steroid injections, and a TENS Unit. A physician progress note dated 12/12/2014 documents the injured worker complains of low back pain. Severe pain is relieved with medications. On examination there is tenderness at L3, L4, and L5. There is paraspinal spasm over the right side, trigger points at the right sciatic, and range of motion is decreased. Treatment requested is for AAA Batteries 6 per month (total months)-QTY 12, and Electrodes, 8 pairs per month (total months) - QTY 12. On 01/29/2015 Utilization Review modified the request for AAA Batteries 6 per month (total months) QTY 12, to AAA Batteries 6 per month (total months) QTY 1 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for 8 pairs per month (total months) QTY 12 was modified to 8 pairs per month (total months) QTY 1 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrodes, 8 pairs per month QTY 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9, Postsurgical Treatment Guidelines.

**Decision rationale:** Per the 12/12/14 report the patient presents with lower back pain. The current request is for ELECTRODES, 8 PAIRS PER MONTH QTY 12. The 01/07/15 RFA lists this request under TENS supplies. The 01/29/15 utilization review modified this request from QTY 12 to QTY 1. The reports do not state if the patient is working. The MTUS page 8 states the physician must monitor the patient's progress and make appropriate recommendations. The reports provided for review make the general statement that the patient is being treated with use of TENS. The utilization review physician contact notes of 01/29/15 state the patient is receiving pain relief with use of TENS and Diclofenac. In this case, the physician has documented pain relief but there is no documentation of how often the TENS unit is being used or if there are any functional improvements noted with prior TENS usage. The current request is not medically necessary and the recommendation is for denial.

**AAA Batteries 6 per month QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** Per the 12/12/14 report the patient presents with lower back pain. The current request is for AAA BATTERIES 6 PER MONTH QTY 1. The 01/07/15 RFA lists this request under TENS supplies. The 01/29/15 utilization review modified this request from QTY 12 to QTY 1. The reports do not state if the patient is working. The MTUS page 8 states the physician must monitor the patient's progress and make appropriate recommendations. The reports provided for review make the general statement that the patient is being treated with use of TENS. The utilization review physician contact notes of 01/29/15 state the patient is receiving pain relief with use of TENS and Diclofenac. In this case, the request as presented above is for batteries for unspecified use. Furthermore, this request has been certified for QTY 1 and this request is QTY 1. It is not clear why it has been submitted for independent review. Lacking a clear statement of the request, the request is not medically necessary.

**Diclofenac Sodium 25mg QTY 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** Per the 12/12/14 report the patient presents with lower back pain. The current request is for DICLOFENAC SODIUM 25 mg QYT 60 NSAID. The RFA is not included. The 01/29/15 utilization review modified this request from QTY 18 to QTY 60. The reports do not state if the patient is working. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." This medication is first listed in the reports provided on 12/12/14. This and subsequent reports do not discuss the medication. The MTUS Medications for Chronic pain page 60 states a record of pain and function must be recorded when medications are used for chronic pain. Furthermore, QTY 60 has been certified and this request is for QTY 60. It is unclear why this has been submitted for independent review. The request is not medically necessary.