

<b>Case Number:</b>	CM15-0214124		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	07/26/2001
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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 [REDACTED] who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of July 26, 2001. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve requests for a TENS unit, Xanax, and Naprosyn. The claims administrator referenced a September 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 14, 2015 office visit, the applicant reported ongoing issues with chronic low back pain, 10/10 without medications versus 6/10 with medications. Activities of daily living such as sitting, standing, walking remained problematic, the treating provider reported. The treating provider sought authorization for replacement of TENS unit on the grounds the applicant's previously provided TENS unit was no longer working. The applicant was using Xanax to ameliorate issues with anxiety, the treating provider reported. The applicant apparently presented to obtain a refill of the same. The applicant was not working, it was acknowledged in the social history section of the note. Xanax was endorsed for daily use purposes for anxiolytic effect. Treating provider stated in one section of the note, the applicant was using Xanax on a p.r.n. basis, while then stated, somewhat incongruously the applicant was not necessarily using Xanax on a daily basis in another section of the note. The applicant was mildly depressed, the treating provider acknowledged. Naprosyn was renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**New TENS unit, purchase, lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation BlueCross BlueShield: TENS, CMS: The use of TENS, Aetna and Humana, VA: TENS, European Federation of Neurological Societies (EFNS): TENS.

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

**Decision rationale:** No, the request for a TENS unit purchase for the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, the provision of a TENS unit on purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of beneficial effects present in terms of both pain relief and function. Here, the applicant had previously been given a TENS unit, the treating provider acknowledged on September 14, 2015. The applicant was not, however, working, it was acknowledged on that date. The applicant apparently had difficulty performing activities as basic as sitting, standing, walking, the treating provider acknowledged. Ongoing usage of the TENS unit failed to curtail the applicant's dependence on analgesic medications to include Naprosyn, the treating provider acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

**Xanax 0.5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** Similarly, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms. Here, however, the 60-tablet renewal request for Xanax represented a chronic, long-term, and/or twice daily usage of the same, i.e., usage at odds with the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.

**Naproxen 550mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

**Decision rationale:** Finally, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, the treating provider acknowledged on the September 14, 2015 office visit at issue. Activities as basic as sitting, standing, and walking remained problematic, the treating provider reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.