

<b>Case Number:</b>	CM15-0222314		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	05/28/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: North Carolina, Georgia  
 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:

The injured worker is a 25 year old male, who sustained an industrial injury on 5-28-2012. Diagnoses include derangement of the knee, closed fracture of unspecified part of the tibia alone, status post intramedullary rodding, and symptomatic hardware, right lower leg. Treatments to date include NSAIDs and Norco three times daily. Current medications prescribed since at least April 2015 listed included Norco 10--325mg and Prilosec 20mg twice daily. The records documented he presented to the Emergency Department for stomach pain and was diagnosed with GERD or possible ulcer, and all NSAIDs were discontinued. On 8-5-15, he complained of unchanged right lower leg, knee and ankle pain. The pain was rated 5-6 out of 10 VAS with medications, 8-9 out of 10 VAS without medication, and it was noted medication allow for increased activity. The physical examination documented right knee tenderness, positive crepitation, and decreased range of motion. The right ankle demonstrated decreased range of motion and tenderness over hardware. The plan of care included discontinuation of Anaprox, refill Norco three times daily, order TENS unit, and request to remove hardware. The appeal requested authorization for a prescription of Anaprox 550mg #60 and a prospective request for one TENS unit. The Utilization Review dated 10-15-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 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 Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Anaprox 550 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is documentation of gastrointestinal symptoms and of discontinuation of Anaprox. There is no submitted GI workup or evaluation of the gastrointestinal symptoms. Given the presence of GI symptoms associated with the Anaprox use, the request is not medically necessary for its use.

**TENS unit:** 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:** CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the medical record does not document response to use of the TENS unit and does not document any short or long term goals of treatment. TENS unit is not medically necessary.