

<b>Case Number:</b>	CM15-0037471		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	12/19/2003
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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:

This 56-year-old male sustained an industrial injury on 12/19/03, with subsequent ongoing low back pain. No recent magnetic resonance imaging was available for review. Treatment included transcutaneous electrical nerve stimulator unit, radio frequency ablation and medications. In a PR-2 dated 1/26/15, the injured worker complained of frequent moderate to severe low back pain with radiation to the buttocks and intermittently down bilateral legs. The injured worker reported that his current transcutaneous electrical nerve stimulator unit helped relieve his pain to some degree; however, he had tried using a transcutaneous electrical nerve stimulator unit two with better results. Physical exam was remarkable for a wide based gait and lumbar spine without tenderness to palpation with decreased range of motion. The injured worker described the pain as being deeper than on the surface more in the midline toward the lumbosacral junction and in lower paraspinal muscles as well as the sacroiliac joints. Current diagnoses included multilevel degenerative disc disease with spondylosis of the lumbar spine associated with bilateral lower extremity radiculitis and instability, mild exogenous obesity, hypertension and diabetes mellitus. The treatment plan included a request for a transcutaneous electrical nerve stimulator unit two and two prescriptions for Norco 7.6/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultra transcutaneous electrical nerve stimulation (TENS) 2-unit purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** The patient has a date of injury of 12/19/03 and presents with moderate to severe low back pain, which radiates to his buttocks and intermittently down his legs. The current request is for Ultra Transcutaneous Electrical Nerve Stimulation TENS 2-Unit Purchase. The Request for Authorization is dated 02/03/15. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. The patient reports that he has been utilizing the TENS unit at home "which helps to reduce his lower back pain to some degree." He has recently trialed the "Ultra" TENS unit 2, and states that it "works better than his regular TENS. In this case, the patient has been utilizing a TENS unit with no documentation regarding frequency of use, magnitude of pain reduction, and functional changes with prior use of TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. This patient does not meet the criteria for extended use; therefore, this request IS NOT medically necessary.

**Two new written prescriptions for Norco 7.6/325 mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient has a date of injury of 12/19/03 and presents with moderate to severe low back pain, which radiates to his buttocks and intermittently down his legs. The current request is for two new written prescriptions for Norco 7.6/325mg quantity unspecified. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the "4 A's", which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The treating physician states that the patient is using Norco for pain control and requires a refill "at every appointment, and the double prescriptions worked for the period of time since his last appointment." Progress report dated 9/9/14 notes that the patient continues to utilize Norco "which only covers up the pain and does not treat the underlying condition which is why

surgery is being pursued." In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opiate. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.