

<b>Case Number:</b>	CM15-0040986		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41-year-old male, who sustained an industrial injury on 11/30/12. The injured worker has complaints of persistent low back pain described as a tightness associated with cramps with intermittent tingling and numbness in the lumbar region. His back pain radiates to the left lower extremity and he has to lean forward to get pain relief. The diagnoses have included low back pain; lumbar facet pain; sacroilitis and possibility of lumbar radiculopathy. Treatment to date has included lumbar facet joint injections with temporary pain relief; physical therapy that did not help; Transcutaneous Electrical Nerve Stimulation (TENS) unit that did help and medications. The injured worker had a Magnetic Resonance Imaging (MRI) of the lumbar spine on 1/14/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Etodolac 300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Etodolac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Nonselective NSAIDS Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Etodolac is used for osterarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the request for Etodolac 300mg #60 is not medically necessary.

**1 Month TENS Unit Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous Electrical Nerve Stimulation Page(s): 114.

**Decision rationale:** According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. In addition, the provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the request for 30-Day trial of a Transcutaneous Electrical Nerve Stimulator Unit is not medically necessary.