

<b>Case Number:</b>	CM15-0050007		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	02/18/2015
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, Pain Management

### 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 43 year-old female, who sustained an industrial injury on 2/18/2015. She reported experiencing pain in the neck, shoulders, arms, wrists, and right knee. Diagnoses include cervical sprain/strain with slight spondylosis, thoracic sprain/strain with degenerative changes, bilateral shoulder impingement syndrome, bilateral wrist tendinitis, history of left knee contusion and abrasion, and right knee compensatory sprain/strain. Treatments to date include anti-inflammatory medication and rest. Currently, there were multiple complaints of pain including the neck, bilateral upper extremities shoulders through wrists, back and bilateral knees. On 2/20/15, the provider documented multiple points of tenderness with palpation over the shoulders, neck, lumbar spine, wrists and knees. Radiographical imaging was documented to indicate cervical degenerative changes and lumbar facet degenerative changes. The plan of care included a request for a home TENS unit, acupuncture therapy, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS unit:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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, function, and medication usage. Within the documentation available for review, there is no indication that the patient has undergone a 30-day TENS unit trial and, unfortunately, there is no provision for modification of the request to allow for a trial. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

**Ultram ER 150mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 48.

**Decision rationale:** Regarding the request for Ultram, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. While long-term use of opioids is supported only in the presence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, it should be noted that the patient's injury is recent. A short course of opioids is appropriate in the management of acute pain. In light of the above, the currently requested Ultram is medically necessary.

**Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Fexmid, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that this medication is not recommended to be used for longer than 2-3 weeks. Within the documentation available for review, there is an acute injury with muscle spasms noted, but unfortunately, there is no provision for modification of the request to allow for no more than a 3-

week supply as recommended by the CA MTUS. In light of the above issues, the currently requested Fexmid is not medically necessary.