

<b>Case Number:</b>	CM15-0052591		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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:

The injured worker is a 52-year-old male who reported injury on 04/24/2012. The mechanism of injury was not provided. The prior medications included Ultracet. The diagnostic studies included an electrodiagnostic study and x-rays. The injured worker had surgical intervention including a left carpal tunnel release, internal neurolysis, tenosynovectomy, and distal forearm fasciotomy on 01/13/2014 and a removal of spur and reattachment of the Achilles tendon in 08/2013. There was a Request for Authorization submitted for review dated 02/16/2015. The documentation of 02/16/2015 revealed the injured worker had an x-ray of the wrist. The injured worker was utilizing Ultracet and Lido Pro. The physical findings revealed tenderness along the first extensor compartment, lesser on the anatomical snuff box or at the base of the thumb. Prior therapies included physical therapy. The injured worker was noted to be utilizing a TENS unit. However, he wanted a 4 lead unit. The injured worker was noted to be requesting something stronger. The diagnoses included carpal tunnel syndrome on the left status post decompression, carpometacarpal joint inflammation of the thumb on the left treated conservatively, radial scaphoid joint inflammation of the wrist on the left treated conservatively, and stenosing tenosynovitis along the first extensor on the left for which injection was approved. The request was made for a TENS unit with a conductive garment, a 10 panel urine drug screen, Valium 10 mg, Nalfon 60 mg, Protonix 20 mg, and Ultracet 37.5 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen (10 panel) QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation of documented issues of abuse, addiction, or poor pain control. There was a lack of documentation indicating a necessity for a 10 panel screen. Given the above and the lack of documentation, the request for Urine drug screen (10 panel) QTY: 1.00 is not medically necessary.

**Ultracet 37.5mg/325mg tablets QTY: 60.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultracet 37.5mg/325mg tablets QTY: 60.00 is not medically necessary.

**TENS Unit (4 lead) QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration

for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. A 2 lead unit is generally recommended; if a 4 lead unit is recommended, there must be documentation of why this is necessary. The clinical documentation submitted for review indicated the request had been made for a 4 lead TENS unit due to the injured worker wanting something stronger than a 2 lead. However, there was a lack of documentation of objective pain increase to support the necessity for a 4 lead. There was a lack of documentation of objective functional benefit that was received from the 2 lead unit. The request as submitted failed to indicate whether the unit was for rental or purchase as it was indicated the injured worker had access to a TENS unit. Given the above, the request for TENS Unit (4 lead) QTY: 1.00 is not medically necessary.

**Conductive garment for TENS Unit QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend conductive garments when there is such a large area that requires stimulation that conventional systems cannot accommodate the treatment. The clinical documentation submitted for review failed to provide necessity for the TENS unit. As such, the conductive garment would not be supported. Additionally, there was a lack of documentation indicating the injured worker had an area so large that could not be treated with a conventional system. The request as submitted failed to indicate whether the request was for rental or purchase. Given the above, the request for Conductive garment for TENS Unit QTY: 1.00 is not medically necessary.