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| <b>Case Number:</b>   | CM15-0052997 |                              |            |
| <b>Date Assigned:</b> | 04/30/2015   | <b>Date of Injury:</b>       | 04/13/2010 |
| <b>Decision Date:</b> | 05/29/2015   | <b>UR Denial Date:</b>       | 02/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic elbow, knee, and low back pain reportedly associated with an industrial injury of April 3, 2010. In a Utilization Review report dated February 20, 2015, the claims administrator failed to approve requests for a TENS unit with garment [purchase] and a 10-panel urine drug screen. The claims administrator referenced a January 21, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant was given refills of Norco, Flexeril, Nalfon, and Protonix. Twelve sessions of physical therapy were endorsed. Multifocal complaints of knee and low back pain were reported. The attending provider stated that the applicant's knee braces were worn out. Replacement knee braces were sought. The applicant was not working, it was reiterated in several sections of the note. Ultimately, Flexeril, Nalfon, Norco, and Protonix were endorsed without much discussion of medication efficacy. The applicant's pain complaints were in the moderate-to-severe range, it was reported. On January 21, 2015, knee braces, a "stronger" TENS unit with garment, viscosupplementation injections for the knees, corticosteroid injections for the knees, lumbar facet injections, Lunesta, Naprosyn, Neurontin, Effexor, LidoPro, Protonix, Flexeril, and Nalfon were endorsed. The applicant was not working with permanent limitations in place, it was acknowledged. The note was very difficult to follow and mingled historical issues with current issues. The applicant was receiving and/or had applied for State Disability Insurance (SDI) and/or Social Security Disability Insurance (SSDI), it was reported. Drug testing was apparently endorsed. The applicant had last worked in January 2012. It was not clearly stated when the applicant had last been drug tested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit with garment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** No, the request for a TENS unit with garment was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit should be predicated on evidence of a favorable outcome during an earlier one-month trial of a TENS unit, with favorable outcomes in terms of both pain relief and function. Here, however, the attending provider had apparently proposed the device in question without having the applicant firstly undergo an intervening one-month trial of the same. The attending provider made the request on the grounds that a previously provided TENS unit had generated only incomplete analgesia. The previously provided TENS unit had failed to generate significant benefit in terms of functional improvement parameters established in MTUS 9792.20e. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The applicant had failed to return to work. The applicant remained dependent on a variety of analgesic and adjuvant medications, including Norco, tramadol, Neurontin, Effexor, topical compounds, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e with the previously provided TENS unit. Therefore, the request for a replacement TENS unit with associated conductive garment was not medically necessary.

**10 Panel Urine Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Similarly, the request for a 10-panel urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, attempt to categorize the applicants into

higher or lower risk categories for whom more or less frequent drug testing would be indicated, and clearly state when an applicant was last tested. Here, however, the attending provider did not state when the applicant was last tested. The attending provider did not clearly document the applicant's medication list of January 21, 2015. The January 21, 2015 progress note was difficult to follow and did not clearly delineate which medication or medications the applicant was currently taking. The presence of many historical carryovers made it very difficult to clearly discern what medications the applicant was currently taking as of the date of the request. Therefore, the request was not medically necessary.