

<b>Case Number:</b>	CM15-0233921		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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 59 year old female, who sustained an industrial injury on 1-23-13. The injured worker was diagnosed as having left shoulder sprain and strain, bursitis of the shoulder, bilateral hand and wrist pain, status post carpal tunnel release, neuropathic pain, and left carpal tunnel syndrome. Treatment to date has included a home exercise program, use of a paraffin wax unit, and medication including Ultram and Neurontin. The injured worker had been taking Ultram since at least June 2015. On 9-25-15 pain was rated as 9 of 10 without medication and 5 of 10 with medication. Physical exam findings on 10-5-15 included tenderness over the anterior aspect of the left shoulder. Left shoulder range of motion was noted to be painful but within normal limits. Impingement and signs were negative. Tenderness over bilateral wrists was noted over the palmar aspect. Wrist range of motion was within normal limits although painful. Sensation was decreased in the hand and wrist in the medial nerve distribution. On 10-5-15, the injured worker complained of pain in the left shoulder, bilateral upper extremities, and bilateral wrists rated as 10 of 10 without medication and 4 of 10 with medication. The treating physician requested authorization for Ultracet 37.5-325mg #60 with 1 refill and a transcutaneous electrical nerve stimulation (TENS) unit for the left shoulder. On 11-4-15 the request for Ultracet was modified to certify a quantity of 60 with no refills. The request for a TENS unit was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325 mg Qty 60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Tramadol/acetaminophen (Ultracet).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The current request is for Ultracet 37.5/325 MG QTY 60 with 1 refill. The RFA is dated 10/22/15. Treatment to date has included a home exercise program, carpal tunnel release, use of a paraffin wax unit, and medication including Ultram and Neurontin. Per report 10/05/15, she will remain TTD for up to two weeks. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 10/05/15, the patient complained of pain in the left shoulder, bilateral upper extremities, and bilateral wrists. The patient was rated as 10/10 without medication and 4/10 with medication. The treating physician requested a refill of medications. The treater states that the patient has hepatitis C and Ultram is the right drug for her. The patient has been utilizing Ultram since at least 06/02/15. There is no specific discussion regarding medication efficacy. 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. Not all the 4A's have been addressed for opiate management. Therefore, this request is not medically necessary and recommendation is for slow weaning per MTUS.

**TENS (transcutaneous electrical nerve stimulation) unit, left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The current request is for TENS (transcutaneous electrical nerve stimulation) unit, left shoulder. The RFA is dated 10/22/15. Treatment to date has included a home exercise program, carpal tunnel release, use of a paraffin wax unit, and medication including Ultram and Neurontin. Per report 10/05/15, she will remain TTD for up to two weeks. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria

for the use of TENS states: "A one-month trial period of the TENS unit 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 and function." Per report 10/05/15, the patient complained of pain in the left shoulder, bilateral upper extremities, and bilateral wrists. The patient was rated as 10/10 without medication and 4/10 with medication. Per report 10/22/15, the treater recommends authorization for a transcutaneous electric stimulator which she is to use on an ongoing basis for pain control. In this case, there is no documentation of an intent to perform a 30-day trial prior to purchase. The progress report and RFA does not specify the recommended duration of use. As there is no evidence of a successful 30 day trial performed previously, the request as written cannot be supported. Therefore, the request is not medically necessary.