

<b>Case Number:</b>	CM14-0144223		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/11/2005
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60 year old female injured worker with date of injury 8/11/05 with related cervical spine, lumbar spine, bilateral shoulder, bilateral knee, and left elbow pain. Per progress report dated 8/14/14, she rated her cervical spine pain 9/10 which was frequent with radiation of pain into the bilateral hands. She rated her lumbar spine pain 9/10 which was frequent and radiated into the bilateral legs. She rated her shoulder and bilateral elbow pain 7/10. She rated her bilateral wrist pain 8/10. Per physical exam, the bilateral elbows revealed positive Tinel's sign over the cubital tunnel with radiation of pain into the fourth and fifth digits on the left hand consistent with cubital tunnel syndrome. She has been treated with surgery, injections, physical therapy and medication management. The date of UR decision was 8/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit with an elbow sleeve for a 30 day trial:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review indicates that the injured worker's pain is controlled with the use of Tramadol. Per strict interpretation of the MTUS, medication has not failed, so the request is not medically necessary.

**Tramadol 50 mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals documentation to partially support the medical necessity of Tramadol. Per progress report dated 7/1/14, it was noted that the use of Tramadol decreased the injured worker's pain from 9/10 to 2/10, and allowed her to do more activities of daily living around the house for 40 minutes as opposed to 20 minutes without the medication. The UR physician has authorized #90 secondary to the fact that this was the dosage prior to the 7/2014 progress report, however, the #120 dosage is efficacious as it has further lowered the injured worker's level of pain. The request is medically necessary.