

Case Number:	CM14-0163428		
Date Assigned:	10/08/2014	Date of Injury:	06/26/2013
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine and Rehabilitation 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:

This 49 year-old female Impulse Specialist/ Sales sustained an injury on 6/26/13 from performing her usual and customary job duties while employed by [REDACTED]. Request(s) under consideration include TENS unit and Naproxen 500mg BID. Diagnoses include lumbar sprain/strain s/p lumbar laminectomy (undated) and chronic pain syndrome. Conservative care has include medications, therapy, epidural steroid injections, and modified activities/rest. Report of 8/18/14 from the provider noted the patient has ongoing chronic constant low back pain rated at 8/10 that radiates into bilateral lower extremities. EMG/NCV of 12/3/13 was reported as unremarkable. Exam showed lumbar paraspinal tenderness at facets L4-S1 with positive facet loading maneuvers; tenderness at SI joint on right; positive Patrick's, Gaenslen's and Yeoman's testing; weakness of right knee of 4/5 with decreased DTRs on right knee and unequivocal right SLR. Diagnoses include chronic pain syndrome post-laminectomy syndrome; sacroiliitis; lower back pain; spinal enthesopathy; and fasciitis. Treatment included continuing with medications of Gabapentin, Norco, Lyrica, Tizanidine, Ambien, Naproxen; and TENS unit along with PT 2x10 weeks. The patient remained off work. The request(s) for TENS unit and Naproxen 500mg BID were non-certified on 9/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-118.

Decision rationale: This 49 year-old female Impulse Specialist/ Sales sustained an injury on 6/26/13 from performing her usual and customary job duties while employed by [REDACTED]. Request(s) under consideration include TENS unit and Naproxen 500mg BID. Diagnoses include lumbar sprain/strain s/p lumbar laminectomy (undated) and chronic pain syndrome. Conservative care has include medications, therapy, epidural steroid injections, and modified activities/rest. Report of 8/18/14 from the provider noted the patient has ongoing chronic constant low back pain rated at 8/10 that radiates into bilateral lower extremities. EMG/NCV of 12/3/13 was reported as unremarkable. Exam showed lumbar paraspinal tenderness at facets L4-S1 with positive facet loading maneuvers; tenderness at SI joint on right; positive Patrick's, Gaenslen's and Yeoman's testing; weakness of right knee of 4/5 with decreased DTRs on right knee and unequivocal right SLR. Diagnoses include chronic pain syndrome post-laminectomy syndrome; sacroiliitis; lower back pain; spinal enthesopathy; and fasciitis. Treatment included continuing with medications of Gabapentin, Norco, Lyrica, Tizanidine, Ambien, Naproxen; and TENS unit along with PT 2x10 weeks. The patient remained off work. The request(s) for TENS unit and Naproxen 500mg BID were non-certified on 9/11/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, and activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered. The TENS unit is not medically necessary and appropriate.

Naproxen 500mg BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This 49 year-old female Impulse Specialist/ Sales sustained an injury on 6/26/13 from performing her usual and customary job duties while employed by [REDACTED]. Request(s) under consideration include TENS unit and Naproxen 500mg BID. Diagnoses

include lumbar sprain/strain s/p lumbar laminectomy (undated) and chronic pain syndrome. Conservative care has included medications, therapy, epidural steroid injections, and modified activities/rest. Report of 8/18/14 from the provider noted the patient has ongoing chronic constant low back pain rated at 8/10 that radiates into bilateral lower extremities. EMG/NCV of 12/3/13 was reported as unremarkable. Exam showed lumbar paraspinal tenderness at facets L4-S1 with positive facet loading maneuvers; tenderness at SI joint on right; positive Patrick's, Gaenslen's and Yeoman's testing; weakness of right knee of 4/5 with decreased DTRs on right knee and unequivocal right SLR. Diagnoses include chronic pain syndrome post-laminectomy syndrome; sacroiliitis; lower back pain; spinal enthesopathy; and fasciitis. Treatment included continuing with medications of Gabapentin, Norco, Lyrica, Tizanidine, Ambien, Naproxen; and TENS unit along with PT 2x10 weeks. The patient remained off work. The request(s) for TENS unit and Naproxen 500mg BID were non-certified on 9/11/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Naproxen 500mg BID is not medically necessary and appropriate.