

Case Number:	CM15-0010733		
Date Assigned:	01/28/2015	Date of Injury:	02/25/2013
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: 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 62 year old female who sustained an industrial injury on 2/25/13. The injured worker reported symptoms in the back. The diagnoses included lumbar degenerative disc disease, lumbosacral or thoracic; neuritis or radiculitis, unspecified, piriformis syndrome. Treatments to date have included home exercise program, oral pain medications, physical therapy, and epidural steroid injection. PR2 dated 11/19/14 noted the injured worker presents "feels anxious and sometime depressed due chronic pain", the treating physician is requesting durable medical equipment: transcutaneous electrical nerve stimulation unit and Tylenol number 3, quantity of 30. On 12/23/14, Utilization Review non-certified a request for durable medical equipment: transcutaneous electrical nerve stimulation unit and Tylenol number 3, quantity of 30. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; TENS Units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of TENS Page(s): 114-116.

Decision rationale: Based on the 11/19/14 progress report provided by treating physician, the patient presents with low back pain rated 6/10 that radiates to lower extremity. The request is for DME: TENS UNIT. Patient's diagnosis on 11/19/14 included lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis unspecified, and myofascial pain. The patient continues with home exercise program and goes to gym 5 days/week. The patient takes Tylenol #3 "as needed for pain, and is helpful >50% although it gives stomach symptoms if taken too much. Only takes once daily or once every other day." The patient may return to modified duty, per treater report dated 11/19/14. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." Treater states TENS was "dispensed to control" the patient's pain, per progress report dated 11/19/14. MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach; which was not provided. Furthermore, patient does not present with an indication for TENS unit. MTUS supports units for neuropathic pain, spasticity, MS, phantom pain and others: but not low back or neck pain. Moreover, per progress report dated 12/03/14, patient reports "TENS seemed helpful at first, but pain (needle-like pain) is getting worse with use." Treater has dispensed unit prior to authorization, and the request was not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Tylenol No. 3 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The request is for Tylenol NO.3 #30. Patient's diagnosis on 11/19/14 included lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis unspecified, and myofascial pain. The patient continues with home exercise program and goes to gym 5 days/week. Treater states TENS was "dispensed to control" the patient's pain, per progress report dated 11/19/14. Tylenol #3 was prescribed in treater reports dated 02/06/14, 10/30/14 and 11/19/14. The patient may return to modified duty, per treater report dated 11/19/14. MTUS Guidelines 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 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. Treater states in progress report dated 11/19/14, that the patient takes Tylenol #3 "as needed for pain, and is helpful >50% although it

gives stomach symptoms if taken too much. Only takes once daily or once every other day." In this case, treater has not discussed how Tylenol#3 decreases pain and significantly improves patient's activities of daily living. Treater has addressed analgesia with a pain scale; however there are no UDS's, opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Furthermore, it appears the patient experiences stomach symptoms as a side effect. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.