

<b>Case Number:</b>	CM15-0113376		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 62 year old female with an industrial injury dated 03/11/2014. The injured worker's diagnoses include acquired back spondylolisthesis, lumbar degenerative disc disease, unspecified lumbosacral or thoracic neuritis or radiculitis, left hip or thigh strain, dizziness and post-traumatic stress disorder. Treatment consisted of diagnostic studies, prescribed medications, heat therapy, aquatic therapy, home exercise therapy, acupuncture treatments, cognitive behavioral therapy, and periodic follow up visits. In a progress note dated 04/10/2015, the injured worker reported low back pain. The injured worker rated pain an 7/10. Objective findings revealed normal gait and tenderness to palpitation of lumbar spine. The treating physician prescribed services for transcutaneous electrical nerve stimulation (TENS) patch, pairs QTY: 2 and Tylenol #3 30/300mg QTY: 40 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS patch, pairs QTY: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS patch, X 2 pairs is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are spondylolisthesis acquired; lumbar degenerative disc disease; lumbosacral or thoracic neuritis/radiculitis; hip or thigh strain. The documentation indicates the injured worker uses a TENS unit. There is no documentation demonstrating objective functional improvement with ongoing TENS. The documentation states TENS helps, but there are no objective determinants. Subjectively, the injured worker complains of low back pain and discomfort. Medications help in addition to TENS. The treating provider started gabapentin and the injured worker continues on a home exercise program. The worker is also engaged in cognitive behavioral therapy and takes over-the-counter nonsteroidal anti-inflammatory drugs. Consequently, absent clinical documentation with objective functional improvement to support ongoing TENS application, TENS patch, X 2 pairs is not medically necessary.

**Tylenol #3 30/300mg QTY: 40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92, 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol #3, 30/300 mg #40 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are spondylolisthesis

acquired; lumbar degenerative disc disease; lumbosacral or thoracic neuritis/radiculitis; hip or thigh strain. The documentation indicates the injured worker uses a TENS unit. Subjectively, the injured worker complains of low back pain and discomfort. Medications help in addition to TENS. The treating provider started gabapentin and the injured worker continues on a home exercise program. The worker is also engaged in cognitive behavioral therapy and takes over-the-counter nonsteroidal anti-inflammatory drugs. The progress note dated June 22, 2015 did not list, Tylenol #3 as a current medication. There was no clinical rationale to support ongoing Tylenol #3. There was no documentation with objective functional improvement to support ongoing Tylenol #3. There were no risk assessments in the medical record. There were no pain assessments in the medical record. There were no attempts at weaning opiate therapy. Consequently, absent clinical documentation with objective functional improvement to support ongoing Tylenol #3, Tylenol #3, 30/300 mg #40 is not medically necessary.