

<b>Case Number:</b>	CM15-0122079		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	08/24/2004
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 (IW) is a 61 year old female who sustained an industrial injury on 08/24/2004. She reported stepping into a crack in the sidewalk, twisting the left side of her body and later developing low back and left hip pain. The injured worker was diagnosed as having discogenic lumbar condition with disc protrusion at L4-5 and L5-S1 with nerve studies being unremarkable; mid back sprain with spasms; inflammation on the second metatarsophalangeal joint on the left; and sleep disorder due to chronic pain. Treatment to date has included chiropractic treatments, medications and acupuncture. Currently, the injured worker complains of shooting pain in the left lower extremity that is constant. The upper leg pain is worse than lower leg pain, and the pain awakes her from sleep. She gets only about two to three hours at a time. Sitting time is about one hour, and she can stand and walk up to a couple of blocks. The worker has a sense of motion loss and stiffness. Her back pain is affected by weather, coughing and sneezing. Objectively she has tenderness along the lumbosacral area. Her reflexes are 1+ at the knees and absent at the ankle. Sensory function is normal throughout and the strength is satisfactory. She walks without a limp. Medications include Norco. Treatment plans include medications, drug screening, and use of a transcutaneous electrical nerve stimulation (TENS) unit. A request for authorization is made for the following: 1. 10 panel urine drug screen, 2. Norco 10/325mg #70, 3. Naproxen 550mg #60, 4. Aciphex 20mg #30, 5. Neurontin 600mg #90, 6. Tramadol ER 150mg #30, 7. Four lead TENS unit - indefinite use, 8. Conductive garment - indefinite use, 9. Norflex 100mg, and 10. Lunesta 2mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Four lead TENS unit - indefinite use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, MTUS guidelines Page(s): 16.

**Decision rationale:** The patient presents with neck and low back pain. The request is for FOUR LEAD TENS UNIT. Physical examination to the lumbar spine on 04/07/15 revealed tenderness to palpation across the paraspinals bilaterally and along the lumbar facets with facet loading. Per 06/01/15 progress report, patient's diagnosis include discogenic lumbar condition with disc protrusion at L4-L5 and L5-S1 with nerve studies being unremarkable, mid back sprain with spasms, inflammation on the second metatarsophalangeal joint on the left, due to chronic pain, the patient had element of sleep disorder as well. Patient's medications, per 02/06/15 progress report include Norco, Nalfon, Lidoderm Patches, Tramadol, Protonix and Flexeril. Patient is permanent and stationary. For TENS unit, MTUS guidelines, on page 116, require: (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. Treater does not discuss this request. In review of the medical records provided, there is no documentation of prior one-month trial and its outcome, and there is no treatment plan with short and long-term goals. MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach. Given the lack of documentation, as required by MTUS, the request IS NOT medically necessary.

**Conductive garment - indefinite use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, MTUS guidelines Page(s): 116.

**Decision rationale:** The patient presents with neck and low back pain. The request is for CONDUCTIVE GARMENT - INDEFINITE USE. Physical examination to the lumbar spine on

04/07/15 revealed tenderness to palpation across the paraspinals bilaterally and along the lumbar facets with facet loading. Per 06/01/15 progress report, patient's diagnosis include discogenic lumbar condition with disc protrusion at L4-L5 and L5-S1 with nerve studies being unremarkable, mid back sprain with spasms, inflammation on the second metatarsophangeal joint on the left, due to chronic pain, the patient had element of sleep disorder as well. Patient's medications, per 02/06/15 progress report include Norco, Nalfon, Lidoderm Patches, Tramadol, Protonix and Flexeril. Patient is permanent and stationary. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. MTUS states, "Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a splint (as in treatment for disuse atrophy)." In this case, the treater does not explain why a conductive garment is needed. The patient does not present with a medical condition such as skin pathology nor require a large area of treatment to warrant a conductive garment. Furthermore, since the request for a TENS unit is denied, the request for a conductive garment IS NOT medically necessary.

**Norflex 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics. MTUS Page(s): 63-66.

**Decision rationale:** The patient presents with neck and low back pain. The request is for NORFLEX 100 MG. Physical examination to the lumbar spine on 04/07/15 revealed tenderness to palpation across the paraspinals bilaterally and along the lumbar facets with facet loading. Per 06/01/15 progress report, patient's diagnosis include discogenic lumbar condition with disc protrusion at L4-L5 and L5-S1 with nerve studies being unremarkable, mid back sprain with spasms, inflammation on the second metatarsophangeal joint on the left, due to chronic pain, the patient had element of sleep disorder as well. Patient's medications, per 02/06/15 progress report include Norco, Nalfon, Lidoderm Patches, Tramadol, Protonix and Flexeril. Patient is permanent and stationary. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Treater has not provided reason for the request. Review of the medical records provided did not indicate a prior use of this medication. Per Request for Authorization Form dated 06/01/15, the request is for 60 tablets. ODG Guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse and the

requested quantity of 60 does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

**Lunesta 2mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter under Eszopicolone (Lunesta).

**Decision rationale:** The patient presents with neck and low back pain. The request is for LUNESTA 2 MG # 30. Physical examination to the lumbar spine on 04/07/15 revealed tenderness to palpation across the paraspinals bilaterally and along the lumbar facets with facet loading. Per 06/01/15 progress report, patient's diagnosis include discogenic lumbar condition with disc protrusion at L4-L5 and L5-S1 with nerve studies being unremarkable, mid back sprain with spasms, inflammation on the second metatarsophangeal joint on the left, due to chronic pain, the patient had element of sleep disorder as well. Patient's medications, per 02/06/15 progress report include Norco, Nalfon, Lidoderm Patches, Tramadol, Protonix and Flexeril. Patient is permanent and stationary. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Treater has not discussed this request. Review of the medical records provided did not indicate prior use of this medication and it appears that the treater is initiating it. Patient's diagnosis includes sleep disorder, due to chronic pain. ODG supports the use of Lunesta for short-term use for sleep disturbances. Given the patient's chronic pain and current sleep issues, a trial of Lunesta is indicated and supported by ODG. Therefore, the request for Lunesta IS medically necessary.