

<b>Case Number:</b>	CM15-0127903		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	10/01/1993
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 59 year old male patient, who sustained an industrial injury on October 1, 1993. The diagnosis includes mild degenerative disc disease L5-S1, degenerative joint disease L5-S1, lumbar radiculitis, lumbar spondylosis and chronic pain syndrome. Per the doctor's note dated 7/6/2015, he had complains of low back pain with radiation to the left buttock, thigh, hip and leg with numbness. The physical examination revealed lumbar spine tenderness and decreased range of motion and positive straight leg raising test on the right. The medications list includes ibuprofen, lidoderm patch, Tramadol. Patient was prescribed Norco on 7/6/2015. He is currently retired. He has had a lumbar spine MRI on 7/9/2015. Treatment to date has included chiropractic care, injections, heat therapy, TENS unit, medication and physical therapy. A note dated June 8, 2015 states he experienced pain relief from physical therapy, TENS unit and Tramadol. The note also states his function has declined without Tramadol. The following treatments, TENS unit and Tramadol 50 mg #30 are being requested as the injured worker has previously experienced symptom relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (Transcutaneous Electrical Nerve Stimulation) purchase, quantity: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

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

**Decision rationale:** According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness."

Recommendations by types of pain: "A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of appropriate medications or intolerance to medications is not specified in the records provided. TENS (Transcutaneous Electrical Nerve Stimulation) purchase, quantity: 1 is not medically necessary for this patient.

**Tramadol 50mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain." (Kumar, 2003) Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had had chronic low back pain. He has had significant findings on physical examination- tenderness, decreased range of motion and positive straight leg raising test. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50mg, #30 is medically appropriate and necessary to use as prn during acute exacerbations.

