

<b>Case Number:</b>	CM15-0129175		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	08/25/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/04/2015
<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 63-year-old male patient who sustained an injury on August 25, 2013. The current diagnoses include cervical degenerative joint disease with significant foraminal stenosis; lumbar degenerative disc disease; lumbosacral sprain/strain. Per the doctor's note dated 6/26/2015, he had complaints of pain over the cervical, lumbar and shoulder regions. Per the progress note dated May 29, 2015, he had complaints of neck pain; bilateral shoulder pain; upper back pain; pain rated at a level of 8/10. Pain was 7/10 at its lowest, and 9/10 at its highest. The physical examination revealed tenderness to palpation over the bilateral trapezius and rhomboid muscles associated with spasm; mild tenderness to palpation on the acromioclavicular joint bilaterally; normal range of motion of the cervical spine and bilateral shoulders. The medications list includes ibuprofen. Treatments to date have included physical therapy, chiropractic treatments, medications, and modified activities. The treating physician documented a plan of care that included a transcutaneous electrical nerve stimulator unit rental and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of transcutaneous electrical nerve stimulation (TENS) unit for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116 of 127.

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

**Decision rationale:** Rental of transcutaneous electrical nerve stimulation (TENS) unit for 30 days. 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 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. The medical necessity of Rental of transcutaneous electrical nerve stimulation (TENS) unit for 30 days is not medically necessary for this patient.

**Pharmacy purchase of Ibuprofen 600mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti- inflammatory medications page 22; NSAIDs page 67.

**Decision rationale:** Pharmacy purchase of Ibuprofen 600mg #60. Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states, "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic neck pain, bilateral shoulder pain and upper back pain. Patient is having objective findings on physical examination- tenderness to palpation over the bilateral trapezius and rhomboid muscles associated with spasm; mild tenderness to palpation on the acromioclavicular joint bilaterally. NSAIDs are considered first line treatment for pain and inflammation. The request for 1 prescription of Pharmacy purchase of Ibuprofen 600mg #60 is medically necessary for this patient to use as prn to manage his chronic pain.