

<b>Case Number:</b>	CM15-0074011		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/13/2002
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 72 year old female, who sustained an industrial injury on 4-13-02. She is diagnosed with chronic pain. The injured worker is not currently working. A note dated 2-18-15 reveals the injured worker presented with complaints of right knee pain with some numbness of the thigh. Physical examinations dated 11-13-14 and 2-18-15 revealed right knee tenderness and spasms, decreased strength and decreased sensation. The right knee range of motion is within normal limits. Treatment to date has included toxicology screen, TENS unit (provided good relief while in physical therapy, per note dated 2-18-15) and medications (Omeprazole, Neurontin, Cymbalta and Vicodin). A request for authorization dated 2-18-15 for TENS unit indefinite use (retrospective date of service 2-18-15) is modified to one month rental generic 2 lead TENS and one month supplies at OMFS. The request for a urine drug screen (retrospective dated of service 2-18-15) is denied, per Utilization Review letter dated 4-6-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective TENS unit indefinite use (DOS 02/18/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The patient presents with pain in the right knee. The request is for retrospective tens unit indefinite use (DOS 02/18/15). Physical examination to the right knee on 02/18/15 revealed tenderness to palpation. Per 02/18/15 progress report, patient's diagnosis includes myofascial pain syndrome, and right knee pain. Patient's medications, per 11/13/14 progress report include Omeprazole, Neurontin, Cymbalta, and Vicodin. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, on page 116, Criteria For Use of TENS states the following: "(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." In progress report dated 02/18/15, the treater states that the patient had good relief with TENS treatment while doing physical therapy. In this case, review of the medical records provided do not indicate prior one-month trial of TENS unit 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. Furthermore, the treater has not indicated whether the requested Tens is for purchase or rental. Given the lack of documentation, as required by MTUS, the request is not medically necessary.

**Retrospective urine drug screen (DOS 02/18/15):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

**Decision rationale:** The patient presents with pain in the right knee. The request is for retrospective urine drug screen (DOS 02/18/15). Physical examination to the right knee on 02/18/15 revealed tenderness to palpation. Per 02/18/15 progress report, patient's diagnosis includes myofascial pain syndrome, and right knee pain. Patient's medications, per 11/13/14 progress report include Omeprazole, Neurontin, Cymbalta, and Vicodin. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines 2009, for Drug Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the

presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The treater has not discussed this request. Review of the medical records provided indicates that the patient had been utilizing opioids (Vicodin) since at least 11/13/14. The patient had a UDS test on 02/18/15 and there are no other records of UDS tests. ODG states that an annual screening is sufficient for chronic opiate use in low risk patient. The request appears to be reasonable and is within the guideline recommendations and therefore, is medically necessary.