

<b>Case Number:</b>	CM15-0074765		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/15/2002
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Emergency 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 48-year-old female, who sustained an industrial injury on February 15, 2002. The injured worker was diagnosed as having lumbago and shoulder impingement. Treatment and diagnostic studies to date have included medication. A progress note dated February 18, 2015 provides the injured worker complains of migraines, neck, shoulder and back pain. She rates her pain 6/10. Medications "take edge" pain. Physical exam notes cervical, right shoulder and back lumbar tenderness and decreased range of motion (ROM). The plan includes medication and Transcutaneous Electrical Nerve Stimulation (TENS) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit rental x6 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Guidelines recommend it only after a successful 1 month trial. Documentation claims "it has helped in the past" but there is no actual documentation of a successful trial. TENS is not medically necessary.

**Adipex-P 37.5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organisation (WGO). World Gastroenterology Organisation global guideline: obesity. Milwaukee (WI): World Gastroenterology Organisation (WGO); 2011. various p. Available: <http://www.guideline.gov/content.aspx?id=47568&search=phentermine>.

**Decision rationale:** There is no mention of phentermine in the MTUS, either in the Chronic pain section or ACOEM. There is no mention of phentermine in the ODG. There is some peripheral mention of weight reduction in MTUS Chronic pain section on exercise in relation to pain improvement. Phentermine/Adipex is a sympathomimetic related to amphetamines and is prescribed for weight loss. As per World Gastroenterology Organization guidelines, medications may be considered with failure of conservative therapy. Phentermine has a risk of abuse and requires close monitoring. There is no rationale about why patient is on this medication. Progress notes state that patient "thinks she will feel better" with weight loss and the provider prescribed phentermine, There is no documentation of any exercise program, dietary changes or any actual conservative attempts at weight loss. Provider has failed to support for prescription for Adipex. It is not recommended.

**Lactulose 10gm Oral in 9oz H2O #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** As per MTUS Chronic pain and ACOEM Guidelines, constipation treatment or prophylaxis only relates to patients undergoing opioid therapy. Norco and continued opioid therapy is not recommended in this review and by Utilization Review. It is unclear why patient is on a laxative and not on prophylactic medication for colace. Lactulose prescription is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient's pain is not controlled with current medication with no improvement in pain or function. There is noted urine drug screening but there is no appropriate screening for abuse or side effects documented by provider. Provider has failed to document support for opioid therapy. Norco is not medically necessary.