

<b>Case Number:</b>	CM15-0095092		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	09/18/1997
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 37-year-old male patient, with a reported date of injury of 09/18/1997. The diagnoses include aneurysm, neck pain, headache, and sciatica. He sustained the injury due to lifting redwood log. Per the doctor's note dated 5/11/15, he had worsening of low back pain and frequent headache. Per the note dated 4/27/15, he had complaints of neck pain, headache and low back pain with radicular symptoms to the right leg. Per the visit note dated 02/17/2015, he had neck pain, head pain, and low back pain with radicular symptoms to the right leg. He had been out of medications since his last visit. He stated that his pain had increased, rating 8 out of 10. The physical examination revealed an antalgic gait, no swelling or tenderness palpated in any extremity, and normal muscle tone without atrophy in bilateral upper and lower extremities. The medications list includes atenolol, morphine and venlafaxine. It was noted that he reported improvement with the use of a TENS unit in physical therapy, and noticed that he was able to sleep for longer periods of time after using the unit. The treating physician recommended a thirty-day TENS unit trial at his last visit. Treatments to date have included oral medications, physical therapy, trigger point injections, an aneurysmal clipping, and acupuncture. He has had urine drug screen on 2/17/2015, which was positive for THC, methadone metabolite, opiate, oxycodone and tricyclic. The treating physician requested a TENS (transcutaneous electrical nerve stimulation) unit for six months with supplies and Hysingla ER 30mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for 6 months with supplies:** Upheld

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

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

**Decision rationale:** TENS unit for 6 months with supplies. According to 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. Cited guidelines do not recommend TENS 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 TENS is not established for this patient. Since the medical necessity of TENS unit is not established, the need for supplies for the TENS unit is also not fully established in this patient. The medical necessity of TENS unit for 6 months with supplies is not established for this patient.

**Hysingla ER 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

**Decision rationale:** Hysingla ER 30mg #30. Hysingla ER contains hydrocodone, which is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation

with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. A recent urine drug screen report is not specified in the records provided. Per the visit note, dated 02/17/2015 patient had been out of medication since his last visit. He has had a urine drug screen on 2/17/2015, which was positive for THC, methadone metabolite, opiate, oxycodone and tricyclic. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hysingla ER 30mg #30 is not established for this patient. Hysingla ER 30mg #30. MTUS guidelines Chronic Pain Medical Treatment Guidelines, Criteria for use of Opioids, Page 76-80 Hysingla ER contains hydrocodone, which is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non- opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non- opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. A recent urine drug screen report is not specified in the records provided. Per the visit note, dated 02/17/2015 patient had been out of medication since his last visit. He has had a urine drug screen on 2/17/2015, which was positive for THC, methadone metabolite, opiate, oxycodone and tricyclic. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hysingla ER 30mg #30 is not medically necessary for this patient.