

<b>Case Number:</b>	CM15-0095276		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	11/06/2000
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/05/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old male, who sustained an industrial injury on 11/06/2000. Diagnoses include lumbago, post laminectomy syndrome lumbar region and thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included surgical intervention (lumbar fusion 3/24/2014) and medications including Fentanyl patch, Lidoderm, Neurontin, Mirapex, Percocet and Soma. Magnetic resonance imaging (MRI) of the lumbar spine dated 3/24/2014 showed postoperative changes with no definite spinal stenosis and a small disc protrusion central into the left at L2-3. Per the Primary Treating Physician's Progress Report dated 4/22/2015, the injured worker reported an increase in low back and bilateral leg pain. He rates his average pain as 8-10/10. Physical examination revealed lumbar paraspinal muscle tenderness and spasms. The plan of care included medication management and injections. Authorization was requested for purchase of a TENS unit for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a TENS Unit for the Lumbar Spine:** 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 (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2000. When seen, he was having increased low back and bilateral leg pain. Pain was rated at 8-10/10. He was spending more and more time in bed due to pain. He was having difficulty functioning. He was seen with his spouse. They were requesting that he be provided with a walker. He was having worsening muscle spasms. Physical examination findings included appearing in no acute distress. He was having lower extremity spasms and lumbar paraspinal muscle spasms with tenderness. Medications prescribed included a trial of methadone. The total MED (morphine equivalent dose) been prescribed was nearly 250 mg per day. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Therefore purchasing a TENS unit is not medically necessary.

**Methadone 5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2000. When seen, he was having increased low back and bilateral leg pain. Pain was rated at 8-10/10. He was spending more and more time in bed due to pain. He was having difficulty functioning. He was seen with his spouse. They were requesting that he be provided with a walker. He was having worsening muscle spasms. Physical examination findings included appearing in no acute distress. He was having lower extremity spasms and lumbar paraspinal muscle spasms with tenderness. Medications prescribed included a trial of methadone. The total MED (morphine equivalent dose) been prescribed was nearly 250 mg per day. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, prescribing methadone was not medically necessary.

**Purchase of a LSO Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 138-139.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2000. When seen, he was having increased low back and bilateral leg pain. Pain was rated at 8-10/10. He was spending more and more time in bed due to pain. He was having difficulty functioning. He was seen with his spouse. They were requesting that he be provided with a walker. He was having worsening muscle spasms. Physical examination findings included appearing in no acute distress. He was having lower extremity spasms and lumbar paraspinal muscle spasms with tenderness. Medications prescribed included a trial of methadone. The total MED (morphine equivalent dose) been prescribed was nearly 250 mg per day. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not medically necessary.