

Case Number:	CM13-0005625		
Date Assigned:	03/21/2014	Date of Injury:	01/18/2012
Decision Date:	05/22/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient with a date of injury of 1/18/12. A utilization review determination dated 7/23/13 recommends non-certification of a TENS unit purchase, acupuncture, Flexeril, "topical," Topamax, Lidocaine patch, Zofran, and Synovicin. Norco was modified from #180 to an unspecified 1-month supply for the purpose of weaning. The 7/15/13 medical report identifies LLE and low back pain s/p TFESI and PT, getting better with acupuncture and working in the pool. TENS has been helping her be able to sit longer. "The patient is doing acupuncture 1x/week a 9 sessions, with 50% functionality benefit but still having some soreness in the left lower back." On exam, lumbar facet loading is positive on the left L4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREFABRICATED TENS UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electric Nerve Stimulation.

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

Decision rationale: Regarding the request for prefabricated TENS unit purchase, California MTUS cites that, prior to purchase, a one-month trial period of the TENS unit should be

documented to include how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period including medication usage. In addition, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Within the documentation available for review, there is documentation that TENS has helped the patient to sit longer, but there is no clear documentation of quantifiable pain relief, medication reduction, or the short-term and long-term goals of TENS treatment as outlined above. In light of the above issues, the currently requested prefabricated TENS unit purchase is not medically necessary.

ACUPUNCTURE ONE TIME A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation of "50% functionality benefit" with prior acupuncture treatment. However, the specific functional improvement has not been clearly documented as defined by the California MTUS. In light of the above issues, the currently requested acupuncture is not medically necessary.

NORCO 10/325 1 TAB PO Q4 PRN PAIN #180: Upheld

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

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

Decision rationale: Regarding the request for Norco 10/325 1 tab po q4 prn pain qty 180, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS) and no documentation of appropriate medication use/monitoring. Opioids should not be abruptly discontinued. In light of the above issues, the currently requested Norco 10/325 1 tab po q4 prn pain qty 180 is not medically necessary.

FLEXERIL 7.5MG PO TID PRN SPASM #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for Flexeril 7.5mg po tid prn spasm QTY 90, California MTUS Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril 7.5mg po tid prn spasm qty 90 is not medically necessary.

TOPICAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for topical, California MTUS provides limited support for the use of some topical medications in the treatment of specific medical conditions. However, without the name of the specific topical medication(s) requested, the request cannot be weighed against the appropriate evidence-based criteria. In light of the above issues, the currently requested topical is not medically necessary.

TOPAMAX 50MG PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Page(s): 16-21.

Decision rationale: Regarding request for Topamax 50mg po bid qty 60, California MTUS Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends

on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested Topamax 50mg po bid qty 60 is not medically necessary.

LIDOCAINE PATCH 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Regarding request for Lidocaine patch 5% qty 60, California MTUS states that topical Lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy. In light of the above issues, the currently requested Lidocaine patch 5% qty 60 is not medically necessary.

ZOFRAN 8MG SL OP QD PEN #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference, Zofran

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics.

Decision rationale: Regarding the request for Zofran 8mg SL op qd PEN qty 20, California MTUS does not address this medication. ODG states that it is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative nausea, and gastroenteritis. Within the documentation available for review, there is no documentation of any nausea and/or vomiting secondary to a supported indication as noted above. In the absence of such documentation, the currently requested for Zofran 8mg SL op qd PEN qty 20 is not medically necessary.

SYNOVICIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine/Chondroitin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: Regarding the request for Synovicin, California MTUS cites that glucosamine and Chondroitin are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the documentation available for review, there is no documentation of any significant arthritis pain. In light of the above issues, the currently requested Synovicin is not medically necessary.