

<b>Case Number:</b>	CM13-0016414		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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 patient is a 62-year-old male with a reported date of injury of 06/20/2012. The mechanism of injury was not described by the records provided for this review. He was seen on 08/21/2012; at which time, he reported neck, shoulder and low back pain radiating to his legs. He was consuming Flexeril, Motrin and Ultram for pain control. A handwritten note dated 07/10/2013 stated that he was doing better and was less swollen and less sensitive. Diagnoses included sprain to the back and a strain of his neck, and the plan going forward was to recommend a stim unit in the form of an interferential current stimulation unit as well as a cervical traction unit, Norco, Cidaflex and transdermal creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stim Unit (Interferential current stimulation):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): pages 114-1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation. Page(s): 118-120.

**Decision rationale:** The rationale for why the requested treatment is not medically necessary is that this requested treatment is for an interferential current stimulation stim unit. The California

MTUS Chronic Pain Medical Treatment Guidelines state, "While not recommended as an isolated intervention, patient selection criteria if interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The records are silent after 07/10/2013, and that handwritten note provides minimal documentation of the patient's condition at that time. There apparently was an occupational therapy note at that time, and the records are silent after that; and therefore, the current status of this patient is unknown. It is unknown as to whether he is reporting pain at this time or if he is undergoing other therapies in addition to the requested stim unit. It is unknown whether his pain is ineffectively controlled due to the diminished effectiveness of medications or if his pain is ineffectively controlled with medications due to side effects. The records are silent after 07/10/2013, and the current status of this patient is unknown; and therefore, this request is non-certified.

**Cervical Traction Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter - Traction.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The rationale for why the requested treatment is not medically necessary is that this request is for a cervical traction unit. MTUS/ACOEM Chapter 8 states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction....These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." The records are silent after 07/10/2013. That note indicates that he was doing better and was less swollen and was less sensitive. After that, the records are silent; and therefore, the current status of this patient is unknown. Due to a lack of documentation of the current status of the patient and a lack of support from California MTUS/ACOEM Chapter 8 for this device, this request is not considered medically necessary and is non-certified.

**Norco (acetaminophen and hydrocodone):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Criteria for use of Opioids. Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state, "The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The rationale for why the requested treatment is not medically necessary is that this request is for Norco. The submitted records are minimal as to discussion of this patient's pain, and the records indicate that on 07/10/2013, when he was seen by occupational therapy, he reported that he was doing better, was less swollen and was less sensitive. The records at that time did not objectively document his pain score. The records are silent after that; and therefore, the current status of this patient is unknown as to whether he is currently in pain or whether he needs medications. The records do not indicate current drug screens to document that he is not aberrant; and therefore, this request is not considered medically necessary and is non-certified.

**Cidaflex (chondroitin/glucosamine):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/chondroitin-and-glucosamine.html>.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state, "Glucosamine (and Chondroitin Sulfate): Recommended as an option given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis...Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues." The rationale for why this requested treatment is not medically necessary is that this request is for glucosamine and chondroitin sulfate. It may be recommended as an option for patients with moderate arthritis, especially knee arthritis, but the records do not include objective testing, such as x-rays, to document that this patient has significant arthritis, especially to the knees. Therefore, this request is not considered medically necessary and is non-certified.

**Transdermal creams (name/s, dose and quantity not specified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Duragesic Page(s): 111-44.

**Decision rationale:** CAMTUS chronic pain guidelines state "Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic® (fentanyl transdermal system).]... Duragesic® (fentanyl transdermal system). Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by ALZA Corporation and marketed by Janssen Pharmaceuticals (both subsidiaries of Johnson & Johnson). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means.' The rationale for why the requested treatment is not medically necessary is that this request is for transdermal creams (name(s), dose and quantity not specified). The records are silent after 07/10/2013; therefore, the current status of this patient is unknown, and it is unknown as to whether he has pain significant enough for this level of medication. The records also do not include current urine drug screens to document that he is not aberrant. The records do not indicate that he has failed lesser medications for which this medication might be considered reasonable. This request does not include the specific name, dose or quantity of this medication. Therefore, this request is not considered medically necessary and is non-certified.