

Case Number:	CM13-0017007		
Date Assigned:	12/04/2013	Date of Injury:	10/24/1996
Decision Date:	12/15/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/27/2013

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker has radiculitis status post failed back pain after a work injury on October 24, 1996. She has a history of laminectomy and implanted nerve stimulator and removal. At orthopedic visit on July 26, 2013 it was stated she was doing reasonably well on her current pain medication. She requested to have another trial of a TENS unit since she had used it several years ago and it had improved her pain. Pain medication was improving her pain by 85% without side effects. She stated that without pain medication she would not be able to do anything. Physical exam revealed ambulation with a limp. Facet loading was positive on the left and negative on the right. Range of motion was restricted due to pain. Sensation and strength in the feet and ankles was normal. The impression was failed back pain with pain radiating to bilateral lower extremity posterior leg and stress incontinence, mild weakness bilateral lower extremity, failed all conservative treatment including injection, arachnoiditis on MRI, formerly on long-acting opioid and took self off. Vicodin 10/300 mg #120, brand name only was prescribed. Also recommended was to continue tiger balm since it worked extremely well for her back pain. She was referred to PT to improve gait and for a TENS trial and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/300mg #120 brand name only: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there is insufficient documentation of the assessment of function in response to opioid use to substantiate the medical necessity for Vicodin. Subjective statements that the medication improves pain by 85% and that without the pain medication she would be unable to do anything are not sufficient and are lacking in objectivity. There was no documentation using a numerical or validated instrument. Therefore, the request is not medically necessary.

Continue Tiger Balm Ointment, 1 single dose 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternative Health Supplies(Australia).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26, Page(s): 111.

Decision rationale: Tiger balm is a topical analgesic consisting of a blend of herbal ingredients according to Tiger balm.com. According to the MTUS, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants fail. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Tiger balm is a combination of herbs and the specific analgesic effect of each agent within this compound is not available. Even if one of the herbal ingredients was known to be effective the product as a whole would not be recommended if any of the other products was not recommended. Therefore, this herbal compound is not medically necessary.

Physical Therapy referral for improved Gait: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26, Physical Medicine..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 99.

Decision rationale: The physical medicine guidelines for radiculitis is 8 to 10 visits over 4 weeks. Treatment frequency should fade from up to 3 visits per week to one or less plus active self-directed home physical medicine. The frequency and duration of physical therapy has not been given. The request for Physical Therapy unrestricted by any time frame or frequency is not medically necessary.

TENS Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26, Page(s): 114-115.

Decision rationale: According to the MTUS 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 neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Use of TENS in the treatment of low back pain is not included among the conditions for which TENS is recommended. The MTUS further states that although electro-therapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. TENS does not appear to have an impact on perceived disability or long-term pain. Therefore, the request is not medically necessary.

Aqua Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 22.

Decision rationale: Aquatic therapy is specifically recommended when reduced weightbearing is desirable. It is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy. The medical documentation did not provide a rationale as to the indication for aquatic therapy and specifically for any need to reduce weightbearing. Furthermore aquatic therapy has specific recommendations on the number of supervised visits based on the physical medicine guidelines. The request for Aquatic Therapy is not medically necessary.