

Case Number:	CM13-0022886		
Date Assigned:	11/15/2013	Date of Injury:	10/20/2003
Decision Date:	02/18/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/11/2013

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine, 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 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:

The patient is a 60-year-old injured worker with a date of injury of 10/20/2003. The progress report dated 10/03/2013 by [REDACTED] reported that the patient's diagnoses include: Bilateral wrist, hand, and forearm tendinitis, bilateral carpal tunnel syndrome, status post left carpal tunnel release surgery in 2008 and status post right carpal tunnel release in 2009, recurrent triggering of the right 3rd and 4th digits, recurrent increasing numbness in the right upper extremity; Bilateral elbow tendonitis with bilateral cubital tunnel syndrome; Cervical strain, mostly left-sided; Bilateral shoulder strain, status post left shoulder surgery in 2009; Cervicogenic headaches; Secondary depression/insomnia; GERD symptomatology due to use of pain medication especially opioids; and EMG/NCV studies positive for carpal tunnel syndrome in 2012. The patient continues with bilateral shoulder, upper arm pain, bilateral wrist and hand pain and numbness, neck pain, headaches daily, mid back pain with radiation to the low back, depression, intermittent and is due to difficulty sleeping and her pain. The patient reports a 9/10 pain, coming down to a 4/10 pain with pain medication. The medication does allow the patient to do activities of daily living. The patient denies any side effects or any aberrant behavior. Exam findings indicate the patient had moderate spasm of cervical spine muscles as well as restricted cervical range of motion and a positive Spurling's sign on the left producing left scapular pain. The utilization review letter dated 08/15/2013 recommended modifying the request for TENS unit to a 30-day trial. There was denial of the OxyContin and tramadol due to lack of documentation of functional improvement, denial of Neurontin due to lack of documentation of functional improvement, and the Effexor was partially certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle stimulator/TENS unit with supplies: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit therapy has a requirement for a 30-day home-based trial with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Based on the medical records provided for review the patient continues with chronic pain issues in the cervical spine, bilateral upper extremities and back. The treating physician had requested TENS unit with supplies for 6 months, so the patient could continue to use the muscle stimulator for relief of pain and reported that it allowed the patient to reduce use of medication. The utilization review letter indicated that the patient was authorized for a 30-day trial of the TENS unit therapy. The record indicates that the patient may have had some use of TENS unit therapy in the past; however, there are no reporting regarding how long, with what daily use and functional benefits were derived from prior TENS unit use. Furthermore, MTUS guidelines recommend home-based trial. Medical records do not indicate that the patient has had a home-based trial of 30 days with a TENS. The request for 1 muscle stimulator/TENS unit with supplies is not medically necessary and appropriate.

prescription of Oxycontin 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, regarding long-term users of opioids, states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Under strategy for maintenance, it states, "Do not attempt to lower the dose if it is working." This patient continues with significant chronic pain and reports good pain relief from a 9/10, down to a 4/10 with pain medication, which allows the patient to carry out their activities of daily living. The patient also denies any side effects or any aberrant behavior. Medical records provided for review indicates that the patient has good functional benefit and denies any negative side effects and does not have aberrant drug-seeking behavior. Therefore, it is reasonable to continue the narcotic medication. The request for 1 prescription of Oxycontin 20mg is medically necessary and appropriate.

Tramadol 20mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, regarding long-term users of opioids, states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Under strategy for maintenance, it states, "Do not attempt to lower the dose if it is working." This patient continues with significant chronic pain and reports good pain relief from a 9/10, down to a 4/10 with pain medication, which allows the patient to carry out their activities of daily living. The patient also denies any side effects or any aberrant behavior. Medical records provided for review indicates that the patient has good functional benefit and denies any negative side effects and does not have aberrant drug-seeking behavior. Therefore, it is reasonable to continue the narcotic medication. The request for 1 prescription of Tramadol 20mg is medically necessary and appropriate.

Neurontin 300mg, quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, regarding Gabapentin, recommends its use as a first-line treatment for neuropathic pain. This patient continues with neuropathic pain and continues to report significant improvement from a 9/10, down to a 4/10 pain reduction with their medication use. The request for 1 prescription Neurontin 300mg, quantity 60, is medically necessary and appropriate.

Effexor: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, regarding antidepressants recommends antidepressant medication as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Regarding Effexor, MTUS states that it is FDA approved for anxiety, depression, panic disorder, and social phobias. (Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy) This patient continues with neuropathic pain and symptoms of depression secondary to their chronic pain issues. The

request for 1 prescription of Effexor (50mg in the a.m. and 75mg in the p.m.), is medically necessary and appropriate.