

Case Number:	CM13-0025326		
Date Assigned:	12/18/2013	Date of Injury:	03/19/2003
Decision Date:	01/28/2014	UR Denial Date:	09/02/2013
Priority:	Standard	Application Received:	09/16/2013

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 Neurology has a subspecialty in Neuro-Oncology and is licensed to practice in Massachusetts, Ohio, 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:

The patient is a 59-year-old female who reported a work related injury on 03/19/2003, specific mechanism of injury not stated. The patient is status post right total knee arthroplasty as of 05/18/2011. The patient additionally presents for treatment of left knee pain complaints as well as lumbar spine multilevel degenerative disc disease and chronic radiculopathy. The most recent clinical note submitted for review of this patient's current request is dated from 07/19/2013 by [REDACTED]. The provider documents the patient has significant low back pain, significant right knee pain, and persistent compensatory left knee pain. The provider documented upon physical exam of the patient, lumbar flexion was at 40 degrees, extension to 15 degrees, bilateral bending at 15 degrees to 20 degrees. The patient had lumbar paraspinal spasms, Para lumbar tenderness, and tailbone tenderness. There was residual bilateral sacroiliac joint tenderness, bilateral straight leg testing elicited axial back pain, and mild hamstring tightness at 45 degrees. The patient had full left knee range of motion, diffuse tenderness about the knee, and positive patellar compression test. There was full right knee range of motion. The patient had mild right knee swelling status post a total knee replacement. There was diffuse mild tenderness, and grade 4+/5 motor strength. The provider documented mild allodynia was noted. The rest of the exam was within normal limits. The provider documented the patient required more Tylenol No. 4, one tab by mouth every 4 to 6 hours, Zolof 50 mg 3 tabs every day, Butrans 10 mcg patch, 1 every 7 days, Senokot as needed, continuation of Lunesta 3 mg 1 tab by mouth at bedtime as needed, and continue with an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence support for the patient's long-term necessity of Dilaudid 4 mg, frequency of medication not stated. The clinical notes document objectively upon exam of the patient, full range of motion to the bilateral knees was noted, minimal deficits with range of motion of the lumbar spine was documented. The provider documents subjectively, the patient reports significant pain complaints. The clinical notes fail to evidence the patient's reports of efficacy, with her current long-term medication regimen. As California MTUS indicate, "4 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 non-adherent) 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." Given the above, the request for Dilaudid 4 mg is non-certified.

Butrans 10 mcg per hour, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 78.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence support for the patient's long-term necessity of Butrans 10 mcg per hour. The clinical notes document objectively upon exam of the patient, full range of motion to the bilateral knees was noted, minimal deficits with range of motion of the lumbar spine was documented. The provider documents subjectively, the patient reports significant pain complaints. The clinical notes fail to evidence the patient's reports of efficacy, with her current long-term medication regimen. CA MTUS states Butrans is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). California MTUS indicates, "4 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 non-adherent) 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." Given the above, the request for Butrans 10 mcg per hour, #10 is non-certified.

Dermatran cream (DBBG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guidelines Clearinghouse

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence support for the patient's chronic medication regimen. The patient reports significant subjective complaints of pain to the bilateral knees and low back; however, objectively upon exam, the patient had full range of motion to the bilateral knees and minimal deficits with range of motion to the lumbar spine. Additionally, California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Given all of the above, the request for DermaTran cream (DBBG) is not medically necessary or appropriate.

Senokot-S: Upheld

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

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

Decision rationale: The current request is not supported. As California MTUS does support prophylactic use of stool softener/laxatives for chronic opioid users, the patient has been recommended on multiple reviews to titrate utilization of opioids. Additionally, the clinical notes did not indicate recent evaluation of the patient's gastrointestinal complaints to support utilization of Senokot S, or frequency of use. Given the above, the request for Senokot S is not medically necessary or appropriate.

Lunesta 3 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient has utilized this medication for over a year for her sleep pattern complaints. California MTUS/ACOEM Guidelines do not specifically address Lunesta. However, Official Disability Guidelines indicate Lunesta has demonstrated reduced sleep latency and sleep maintenance and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. However, given that the clinical notes lack evidence of the patient's reports of efficacy with her current medication regimen as far as her sleep pattern complaints were lacking in the documents reviewed, the request for Lunesta 3 mg is not medically necessary or appropriate.

1 H-Wave unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient has been utilizing an H-wave for her chronic pain complaints. However, whether this was purchased or via a trial is not evidenced in the clinical notes reviewed. California MTUS does not recommend H-wave as an isolated intervention. A 1 month home based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration and only following failure of initially recommended conservative care, including recommended physical therapy, medications, and a trial period of the use of a transcutaneous electrical nerve stimulation. Given the lack of documentation evidencing the patient's reports of efficacy with this intervention for her pain complaints as evidenced by decreased in rate of pain on a Visual Analog Scale, and whether or not the patient has utilized a trial or has utilized this intervention on a chronic basis is not evidenced, the request for 1 H-wave unit is not medically necessary or appropriate.