

Case Number:	CM13-0047090		
Date Assigned:	12/27/2013	Date of Injury:	03/10/2011
Decision Date:	03/06/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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 61-year-old female with a date of injury of March 10, 2011 with related pain in the bilateral wrists and hands, neck and low back. She is diagnosed with acute cervical strain; acute lumbar strain; left index finger distal interphalangeal injury; bilateral knee contusion with chronic pain; anxiety, psychiatric issues and post-traumatic stress disorder (PTSD); stomach upset; sleep issues; high blood pressure and headaches. The electromyography (EMG) study of the bilateral upper and lower extremities dated March 10, 2011 revealed carpal tunnel syndrome. An MRI of the lumbar spine dated April 27, 2012 revealed a 4mm left annular prominence dislocating the left S1 nerve root, corroborating the injured worker's subjective low back pain radiating to the bilateral legs, sensory aberration and radiculopathy. She has been treated with medication and physical therapy. The date of the UR decision was October 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day home transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 114-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS units includes pain of at least three (3) months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review does not indicate that other appropriate pain modalities have been tried and failed. There is no objective documentation of pain level or functional status, or indication for this request. The guideline criteria are not met. Therefore the request is not medically necessary.

The request for physical therapy two (2) times a week for two (2) weeks to transition to a Home Exercise Program for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend 9-10 visits over 8 weeks (without specification of the duration of each session) for cases of myalgia and myositis, unspecified. The records submitted for review indicate that the injured worker has attended at least 18 therapy sessions to date. As she is already beyond the MTUS recommendation of 10 visits, further physical therapy is not supported by MTUS guidelines. Therefore the request is not medically necessary.

Ultram (Tramadol 50mg) tablets, #120: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines regarding on-going management of opioids "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 any 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." There was no documentation, in the available records for review, to support the medical necessity of tramadol or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review

and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review.

Furthermore, efforts to rule out aberrant behavior are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for review. Therefore the request is not medically necessary.