

Case Number:	CM13-0049090		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2000
Decision Date:	03/21/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/07/2013

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 Family Medicine and is licensed to practice in 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 62-year-old female who reported an injury on 06/06/2000. The mechanism of injury was bending. Her initial course of treatment is unclear; however, it was noted that she received a course of physical therapy and unspecified injections, with no benefit. The patient also received epidural steroid injections with no benefit and was later placed on antidepressants and anticonvulsants for her neuropathic pain. She also received an unknown duration of psychological counseling and has remained on medication therapy to control her chronic pain. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TENS-1 for 12 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-116.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of TENS to treat pain related to certain conditions. These conditions include neuropathic pain, phantom limb pain and CRPS-2, spasticity, and multiple sclerosis. Criteria for the use of a TENS include

documentation of its effects on pain relief including a decrease in the use of other medications, frequency and duration of use, and documented increase in functional activity. Although the clinical information submitted for review reported that the patient has a longstanding history of use of a TENS unit, there was no discussion as to how often and for how long the patient utilizes this modality, nor is there any indication that she has been able to decrease the use of any of her other medications. In addition, there is no documentation providing evidence that she was able to increase her functional abilities. Furthermore, the patient's list of diagnoses do not include any of the TENS approved symptoms. The patient's current diagnoses include low back pain, disc disorder in the lumbar region, chronic pain syndrome, and depressive disorder, and no spasms were palpated on examination. Without the inclusion of objective information detailing the prior benefit received from the use of a TENS unit, continued application is not medically necessary. As such, the request for TENS - 1 for 12 months is non-certified.

Ambien 10mg #30:

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the use of sleep aids; therefore, the Official Disability Guidelines were supplemented. ODG states that the sleep aid Ambien is effective for up to 24 weeks in adults. In addition, the FDA has recently reduced the recommended dosages of this medication, especially in women from 10 mg to 5 mg, due to its adverse side effects. Furthermore, patients utilizing a sleep aid should have their components of insomnia addressed; this includes sleep onset, sleep maintenance, sleep quality, and next day functioning. The clinical information submitted for review reported that the patient has a fair sleep quality; she only experiences between 4 and 6 hours per night with the aid of the Ambien. However, there was no discussion regarding the time of sleep onset, sleep maintenance, and next day functioning. In addition, the medical records submitted for review indicate that the patient has been taking the Ambien nightly since at least 08/2012 with no significant improvement in her sleep quality. As the patient's use of this medication has exceeded the 24 weeks recommended by guidelines, has not significantly improved her sleep quality, and has recently been recommended for reduction in dosage by the FDA, it is appropriate to expect the patient to begin weaning from this medication. As such, the request for Ambien 10 mg #30 is non-certified.

Lab tests to assess end organ function: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/conditions/hypertension/start/3>.

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines do not specifically address the use of laboratory testing; therefore, an outside source, labtestonline.org, was supplemented. As the clinical information indicated that the patient suffered from hypertension as well as chronic pain and the specific lab tests was not specified, the laboratory test for hypertension will be referenced. The patient is not currently utilizing any medications that require routine monitoring and there was no discussion of end-stage disease provided within the medical records that would require assessment of end organ function. As it is unclear why an unspecified lab is needed to assess an organ function, the medical necessity of the request cannot be determined. As such, the request for labs to assess end organ function is non-certified.

Vicodin 5/500mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of opioids to treat moderate to severe chronic pain. Ongoing treatment includes pain assessments at each visit, functional measurements performed every 6 months using numerical scales or validated instruments, and urine drug screens. A thorough pain assessment should include the patient's current pain levels, least amount of pain since last assessment, how long it takes for pain relief to begin, how long the pain relief lasts, and how often the patient is taking the medication. The clinical information submitted for review failed to provide a thorough pain assessment of functional measurements and therefore, the medication efficacy cannot be determined. However, it is not recommended for abrupt discontinuation of opioids and therefore, it is expected that the physician will allow for safe weaning. As such, the request for Vicodin 5/500 mg #120 is non-certified.