

Case Number:	CM13-0051275		
Date Assigned:	03/31/2014	Date of Injury:	03/01/2007
Decision Date:	05/08/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; opioid agents; topical agents; adjuvant medications; psychotropic medications; and unspecified amounts of acupuncture and manipulative therapy over the life of the claim. In a utilization review report of October 28, 2013, the claims administrator approved a request for 6 sessions of chiropractic therapy, approved a request for 6 sessions of acupuncture, denied a request for leads for a TENS unit, approved a request for Motrin, denied a request for drug screening, partially certified a one-month supply of tapentadol, approved a request for Cymbalta, and denied a request for Lidoderm patches. The applicant's attorney subsequently appealed. In a clinical progress note of October 17, 2013, the applicant presents with chronic low back pain. The applicant is apparently trying to pursue aquatic therapy. She is using a spinal cord stimulator, she notes. She last worked in 2007. She states that she has reduced consumption of Nucynta. She believes that manipulative therapy has reduced her need for Nucynta and has improved her ability to walk. The applicant is not working. She cannot tolerate using an elliptical on a daily basis. Overall level of pain is 7/10. The applicant states that she would not be able to walk without the spinal cord stimulator. 5/5 lower extremity strength is noted. Nucynta, Lidoderm, acupuncture, and manipulative therapy are sought. A rather proscriptive 10-pound lifting limitation is endorsed. It is acknowledged that the applicant is not working, however. The applicant states, in another section of the report, that she is unable to climb stairs, can only sit and stand 15 minutes continuously, and cannot attend church for more than 1 hour.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEADS FOR TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR THE USE OF TENS TOPIC Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of a TENS unit and/or associated supplies on a purchase basis should be predicated on evidence of favorable outcomes in terms of both pain relief and function with an earlier one-month trial of the same. In this case, it appears that the applicant was apparently dispensed a TENS unit at an earlier point in time. However, there has been no seeming evidence of a favorable response to the same, in terms of either pain relief or function. The applicant is off of work. The applicant is highly reliant on various medications and medical treatments, including a spinal cord stimulator, multiple opioid and non-opioid agents, manipulative therapy, acupuncture, etc. All of the above, taken together, imply that previous usage of the TENS unit was unsuccessful. Therefore, the request for TENS unit leads (supplies) is not certified, on independent medical review.

URINE DRUG SCREENING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)CHRONIC PAIN CHAPTER, URINE DRUG TESTING TOPIC, PAGE PAGE 43.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug screening in the chronic pain population, the MTUS does not establish specific parameters for or identify frequency with which to perform drug testing. The ODG Chronic Pain Chapter, Urine Drug Testing Topic, however, suggests that an attending provider clearly state which drug tests and/or drug panels he is testing for and further state when the last time an applicant was tested. In this case, the attending provider has neither furnished a complete list of those medications he is testing for nor stated when the applicant was last tested. Since several ODG criteria for pursuit of drug testing have not seemingly been met, the request is not certified, on independent medical review.

TAPENTADOL 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS TOPIC Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. The applicant is off work. There is no evidence of appropriate pain relief and/or improved performance of activities of daily living as a result of ongoing opioid therapy. The applicant's ability to sit and stand 15 minutes continuously appears to be marginal to negligible at best, and is outweighed by the applicant's failure to return to work and heightened pain complaints. Therefore, the request is not certified, on independent medical review.

LIDODERM #60 PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDOCAINE SECTION Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Topical Lidoderm can be employed in the treatment of neuropathic pain when there has been evidence of a previously failed trial of first-line therapeutic antidepressants and/or anticonvulsants. In this case, however, the applicant continues to use Cymbalta, an antidepressant medication for neuropathic pain, effectively obviating the need for Cymbalta. Accordingly, the request is likewise not certified, on independent medical review.