MAXIMUS Federal Services

Case Number:	CM14-0001267		
Date Assigned:	01/22/2014	Date of Injury:	12/14/2011
Decision Date:	06/12/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports 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 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 injured worker is a 55 year old female who was injured on 12/14/2011 due to an unknown mechanism. The clinical note dated 12/10/2013 indicated diagnoses of bilateral knee internal derangement, chronic low back pain and lumbar facet syndrome. The injured worker reported low back and bilateral knee pain. She reported her right knee pain was worse with cold weather, however her chronic back pain was stable. The claimants pain level total was rated 4/10 baseline, rising to 6-7/10 at worse. On physical exam of the knees, there was tenderness to palpation at the joint line, patellofemoral, crepitation, and pain with range of motion.The claimant had lateral joint pain and lateral joint swelling of her right knee. There was bilateral knee swelling, right greater than left with more pain in the right knee. There is tenderness to palpation at the lateral femoral condyle and left lower extremity. The lumbar spine revealed spasms, painful range of motion and limited range of motion. The claimant's sensation was intact. It was recommended that the claimant continue home exercises and work. The injured worker reported previous trigger point injections helped for three weeks. Medication regimen included Ultram ER, Lidoderm patches, and Flexeril. The request for authorization was submitted on 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENDED RENTAL OF NEUROSTIMULATOR TENS-EMS FOR 10 MONTHS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines do not recommend as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The criteria for the use of TENS include; documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial, other ongoing pain treatment should also be documented during the trial period including medication usage, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted and 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case, there is lack of documentation of functional benefit or how often the unit was used from the previous use of the TENS unit. Furthermore, the MTUS recommend the TENS unit as a one-month trial and it is not intended for primary treatment. Therefore, the request for extended rental of neurostimulator TENS for 10 months is not medically necessary and appropriate.

ULTRAM ER: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. In this case, there is a lack of evidence of an objective assessment of the injured workers pain and function, as well as an evaluation for risk of aberrant drug use behaviors and side effects. Furthermore, the request does not indicate the quantity being requested. Therefore, the request for Ultram ER is not medically necessary and appropriate.

LIDODERM PATCHES: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. There is a lack of objective evidence of peripheral pain. There is also a lack of evidence of efficacy of the medication. Therefore, the request for Lidoderm patches is not medically necessary and appropriate.

FLEXERIL 10 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Antispasmodics Page(s): 64.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommended for a short course of therapy.The MTUS guidelines also indicate Flexeril is used to decrease muscle spasms in conditions in such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. In this case, although there is documentation of the injured worker having spasms in the lumbar spine, there is lack of evidence of efficacy of the medication. Furthermore, the request does not indicate the quantity being requested. The request for Flexeril 10 mg is not medically necessary and appropriate.