MAXIMUS Federal Services

Case Number:	CM14-0007653		
Date Assigned:	02/07/2014	Date of Injury:	08/13/2004
Decision Date:	07/09/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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 and Rehabilitation 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 42-year-old male with a reported date of injury on 08/13/2004. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include low back pain, status post injury or fusion from L3 to L5, L2-3 disc herniation with right L2 radiculopathy, L5-S1 disc herniation with left L5 radiculopathy, and failed back surgery syndrome. His previous treatments include surgery, steroid injections, and medications. The progress note dated 01/03/2014 reported the injured worker complained of chronic constipation and required using polyethylene glycol for bowel movements. The injured worker reported low back pain was constant, which also radiated from the lower thoracic spine through both legs, through both buttock areas, down the back of both legs, and down the front of both legs. The injured worker described the pain as numb, sharp, shooting, unbearable, and miserable and rated the pain 7/10 with medications. The neurological examination performed reported sensory was decreased to pinprick in the right L4, L5, and L2 dermatomes and in the left L4, L5, and S1. The deep tendon reflexes were asymmetrical and diminished on the left at the patella. The straight leg raise testing was positive bilaterally and the injured worker was unable to do toe walk and unable to walk on the heels. The request of authorization form was not submitted within the medical records. The request is for Oxycontin 40mg, #90, E-Stim unit, and a lumbar brace for pain. The request for polyethylene glycol 3350x1000ml was for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg, #90: 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 Opioids, on-going management Page(s): 78.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state the 4A's for ongoing monitoring; including analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors should be addressed. The injured worker has been taking OxyContin since 01/2011. There is evidence of decreased pain on the merit scale with the use of medications; however, there is not a numeric scale rating without pain medication use. There is a lack of documentation reporting improved functional status with the use of medications, as well as a lack of documentation regarding side effects and an inconsistent urine drug screen from 12/2013. Therefore, despite evidence of some pain relief, a lack of documentation regarding increased function and adverse effects, and inconsistent urine drug screens, the ongoing use of opioids medications is not supported by the Guidelines. Additionally, the request failed to provide a frequency at which the medication is utilized and the morphine equivalent dosage per day is 180mg which exceeds the recommended guidelines of 120mg. As such, the request for Oxycontin 40 mg, #90 is not medically necessary.

Polyethelene glycol 3350 x 1000 ml: 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 Opioids, initiating therapy Page(s): 77.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation should be initiated when starting opioid therapy. The injured worker is diagnosed with severe constipation due to a previous back surgery. The documentation provided reported the injured worker has been on polyethylene glycol since at least 07/2012 for severe constipation. However, the request failed to provide the frequency at which this medication is being utilized. Therefore, the request for Polyethylene glycol 3350 x 1000 ml is not medically necessary.

E-stim 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 Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state electrotherapy represents a therapeutic use of electricity and is another modality that can be used in treatment of pain. The Guidelines state transcutaneous electrical nerve stimulation is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The Guidelines state the earliest devices were referred to as TENS and are the most commonly used. It should be noted that there is not 1 fixed electrical specification that is standard for TENS; rather there are several electrical specifications. The Guidelines state other devices are H-Wave stimulation, interferential current stimulation, micro current electrical stimulation, RS-4i sequential stimulator, electroceutical therapy (bioelectric nerve block), neuromuscular electrical stimulation, sympathetic therapy have been designed and are distinguished from TENS based on their electrical specifications. The Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 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 Guidelines do not recommend a TENS unit as a primary treatment modality and in this case, there is a lack of evidence regarding it being used as an adjunct to a program of evidence-based functional restoration as well as if it is a purchase or a rental. The request also failed to provide which type of TENS unit is to be utilized. Therefore, the request for an E-stim Unit is not medically necessary.

Lumbar brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: ACOEM Guidelines do not recommend lumbar support for the treatment of low back disorders. The Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker was injured in 2004 and therefore, is past the acute phase and had failed surgery. Therefore, the request for a Lumbar brace is not medically necessary.