

Case Number:	CM14-0109001		
Date Assigned:	08/01/2014	Date of Injury:	02/01/2000
Decision Date:	09/17/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 injured worker is a 59-year-old male with a reported date of injury of 02/01/2000. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post cervical spine surgery C3-7, bilateral elbow lateral epicondylitis, status post bilateral carpal tunnel release, and lumbar spine disc disease with spinal stenosis at L4-5. His previous treatments were noted to include surgery, medications, TENS unit, cervical traction, and medications. The progress note dated 02/24/2014 revealed the injured worker complained of cervical spine and dysphagia. The injured worker reported that he did have a TENS unit and a home traction unit, both of which became dilapidated. The injured worker indicated the medications occasionally helped and he tried to do home exercises. The physical examination revealed a normal gait, normal heel to toe walk, tenderness in the lumbar spine, and the pain was associated with palpation and compression with an intact neurovascular status. The injured worker had pain, tenderness, and discomfort associated with the scapula and pain on scapular retraction with limited neck mobility. The progress note dated 06/23/2014 revealed the injured worker complained of a new onset of increased dysphagia with both solids and liquids and sensation of cuts in his throat. The injured worker reported an acute onset of depression several months prior. The physical examination of the cervical spine revealed diffuse palpable tenderness with left side greater than right and a decreased range of motion. There was a positive compression test noted bilaterally. The progress note dated 06/30/2014 noted the injured worker had enough pain to warrant a 30 day trial with a TENS unit. The provider indicated the injured worker was status post multilevel cervical fusion with ongoing pain. The Request for Authorization form dated 05/27/2014 was for Fioricet quantity 120 with 1 refill 1 twice a day as needed for migraines. The Request for Authorization form dated 06/23/2014 was for a TENS unit for cervical pain. The Request for Authorization form for a prospective request

for a home cervical traction device and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Acetaminophen/Butalbital/Caffeine-Fioricet # 120 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Barbiturate-containing analgesic agents.

Decision rationale: The prospective request for 1 prescription of Acetaminophen/Butalbital/Caffeine-Fioricet #120 with 1 refill is not medically necessary. The injured worker has been utilizing this medication since at least 2009. The Official Disability Guidelines do not recommend barbiturate-containing analgesic agents for chronic pain. The potential for drug dependence is high, and no evidence exists to show a clinical important enhancement of analgesic efficacy of BCAs due to barbiturate constituents. Fioricet is commonly used for acute headache with some data to support that there is a risk of medication overuse as well as rebound headache. The guidelines do not recommend Fioricet for chronic pain. The guidelines state Fioricet is commonly used for acute headaches, but there is risk of medication overuse as well as rebound headache. There is a lack of documentation regarding migraine headaches to warrant Fioricet. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Acetaminophen/Butalbital/Caffeine-Fioricet is not medically necessary.

Prospective request for 1 TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 114, 116.

Decision rationale: The prospective request for 1 TENS unit is not medically necessary. The injured worker has previously used a TENS unit. However, it was dilapidated. The California Chronic Pain Medical Treatment Guidelines do not recommend TENS units 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 recommend a TENS unit for neuropathic pain and complex regional pain syndrome. The guidelines criteria for the use of TENS is a 1 month trial period of the TENS unit (should be documented as an adjunct treatment 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 period. There must be documentation of at least 3 months' pain duration, with evidence that other appropriate pain modalities have been tried, including medication, and failed. Other ongoing pain treatments should be documented during the trial period, during medication usage. There is a lack of documentation regarding neuropathic pain or failure of conservative care to warrant a TENS unit. Additionally, the request failed to provide if this was for rental or purchase and for how long it will be utilized. Therefore, the request for 1 TENS Unit is not medically necessary.

Prospective request for 1 home cervical traction device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Traction.

Decision rationale: The prospective request for 1 home cervical traction device is not medically necessary. The injured worker has a home cervical traction device, which is dilapidated. The Official Disability Guidelines recommend home cervical patient controlled traction, for patients with radicular symptoms, in conjunction with the home exercise program. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe cervical spinal syndromes with radiculopathy. Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation, and left rotation. Other studies have concluded that there is limited documentation of efficacy of cervical traction beyond short term pain reduction. In general, it would not be advisable to use these modalities beyond 2 to 3 weeks if signs of objective progress towards functional restoration are not demonstrated. There is a lack of documentation regarding cervical radiculopathy to warrant a cervical traction unit. The guidelines state there is lack of evidence regarding efficacy beyond short term pain reduction. Additionally, there is a lack of documentation regarding objective functional gains with the utilization of the cervical traction device. Therefore, the request for Home Cervical Traction Device is not medically necessary.