

Case Number:	CM14-0120654		
Date Assigned:	08/06/2014	Date of Injury:	02/28/2003
Decision Date:	09/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family 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:

This 64 year-old female claimant sustained a work injury on 2/10/99 involving the shoulders and neck. She was diagnosed with chronic shoulder strain and cervical spondylosis. She had been on Vicodin for years due to numerous work related injuries. A progress note on 1/21/14 indicated the claimant had continued shoulder pain and Ultram 50 mg BID was added to the daily Vicodin use. A urine drug screen performed on 5/6/14 was consistent with medications taken. A progress note on 5/28/14 indicated the claimant had been using a TENS unit for pain control. She had not gotten replacement pads for them. She had 5/10 neck pain and 6/10 bilateral knee pain. Exam findings were notable for tenderness in bilateral shoulders and impingement findings on the right side. Sensation was impaired in the C7-C8 dermatomes on the right side. Continuation of the TENS, Ultram, and Vicodin were recommended along with a urine drug screen to monitor Vicodin use.

IMR ISSUES, DECISIONS AND RATIONALES

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

X Force Stimulator TENS Unit and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115-116.

Decision rationale: According to the MTUS guidelines, a TENS unit is indicated for a month trial for spasticity, phantom limb pain, CRPS, neuropathy and multiple sclerosis. The claimant does not have the diagnoses above with intractable pain. The request for a TENS Unit is not medically necessary.

Prospective Urine Drug Testing (8/5/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Vicodin 5/300 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long term use has not been supported by any trials. In this case, the claimant had been on Vicodin years without significant improvement in pain or function. The continued use of Vicodin is not medically necessary.

Ultram 50 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Page(s): 93-94.

Decision rationale: Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, it is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as Acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. It is also recommended for a trial if there is evidence of contraindications for use of first-line medications. In this case, there is no noted failure of NSAID or Tylenol use. In addition, it has been combined with Vicodin. The length of use had been several months. The pain remained persistent. The continued use of Ultram is not medically necessary.