

Case Number:	CM14-0133078		
Date Assigned:	08/22/2014	Date of Injury:	11/07/1997
Decision Date:	09/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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:

The patient is a 70-year-old female who has submitted a claim for degenerative joint disorder-knee, sprain/strain of shoulder unspecified, and chronic pain syndrome associated with an industrial injury date of 11/07/1997. Medical records from 01/16/2013 to 07/31/2014 were reviewed and showed that patient complained of low back and left knee pain graded 3-8/10. Of note, there was documentation of stomach pain (07/31/2014) and dyspepsia from years of chronic medication use (02/19/2014). Physical examination revealed tenderness over the lower lumbar spinous processes, severe spasms, and limited ROM (range of motion) with pain. Recent complete left knee evaluation was not made available. MRI of the left knee dated 11/17/2009 revealed tricompartmental chondromalacia, early osteophyte formation of the patellofemoral compartment and lateral femoral tibial compartment, advanced degeneration and truncation of lateral meniscus, intrasubstance degeneration medial meniscus, and chronic tear of ACL (anterior cruciate ligament). Treatment to date has included left total knee arthroplasty (03/21/2011), acupuncture, physical therapy, TENS (transcutaneous electrical nerve stimulation), HEP (home exercise program), Tramadol 50 mg (quantity not specified; prescribed since 08/09/2013), Protonix 40mg (quantity not specified; prescribed since 08/09/2013), and Voltaren gel (quantity not specified; prescribed since 02/19/2014). Of note, the patient reported decrease of pain from 8/10 to 3/10 with pain medications. Utilization review dated 08/07/2014 denied the request for Tramadol 50mg #180 x 3 months because there was no documentation of analgesia, functional improvement, and urine drug tests. Utilization review dated 08/07/2014 denied the request for Voltaren gel #15 x 3 month supply because there was no documentation of failed trials of oral anticonvulsants and antidepressants. Utilization review dated 08/07/2014 denied the request for Protonix 40mg #90 because there was no documented concurrent NSAID use.

Utilization review dated 08/07/2014 denied the request for 3 months rental of a TENS unit because there was no clear evidence of sustained relief of symptoms from use of this modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #180 x 3 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: According to pages 79-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case patient was prescribed Tramadol 50 mg (quantity not specified; since 08/09/2013). There was noted pain relief from 8/10 to 3/10 with Tramadol use. The medical necessity for tramadol has been established. However, the request was for 3 month supply of Tramadol. Guidelines state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be done prior to continuation of opiates. Therefore, the request for Tramadol 50mg #180 x 3 month supply is not medically necessary.

Voltaren Gel #15 x 3 month supply: 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 Analgesics Page(s): 111-112.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks). In this case the patient was prescribed Voltaren gel (quantity not specified) since 02/19/2014. However, the long-term use of Voltaren is not in conjunction with guidelines recommendation of short-term use (4-12 weeks). Therefore, the request for Voltaren Gel #15 x 3 month supply is not medically necessary.

Protonix 40mg, #90 x 3 month supply: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Protonix 40mg (quantity not specified) since 08/09/2013. There was documentation of stomach pain (07/31/2014) and dyspepsia from years of chronic medication use (02/19/2014). The medical necessity for proton pump inhibitor prophylaxis has been established. Therefore, the request for Protonix 40mg #90 x 3 month supply is medically necessary.

TENS 3 month rental to reactivate: Upheld

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

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. 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. In this case, the patient has completed unspecified quantity of TENS treatment. However, there was no documentation of how often the unit was used, as well as outcomes in terms of pain relief and function which are required by the guidelines prior to continuation of TENS treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for TENS 3 month rental to reactivate is not medically necessary.