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| Case Number: | CM14-0135514 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 06/07/2013 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 08/21/2014 |

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 Pain Management, 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 39 year old right handed female with a date of injury of June 7, 2013. She stated that she was at work standing on a ladder and picking peaches when the ladder gave way causing her to fall and injure her neck and low back. She was diagnosed with lumbar radiculopathy as well as left sacroiliac joint dysfunction, myofascial syndrome, left sciatica, pain related insomnia, and neuropathic pain. In a progress note dated June 19, 2014, she complained of lower back pain that she described as a pins and needles sensation, stabbing, burning, sharp and aching. She rated her lower back pain to be at 6 out of 10 on the pain scale. She also complained of left hip pain which she described as numbness, aching and sharp in nature. The physical examination revealed that the injured worker ambulated with an antalgic gait which favored her left side. Her orthopedic tests were abnormal and an examination of the lumbar spine demonstrated point tenderness over the L4 process in the midline as well as a cluster of trigger points to the left of the midline from the L4 to the S1 spinal level. Her straight leg rising was positive at 45 degrees on the right and severely positive at 25 degrees on the left. The Kemp's test was also positive. The Patrick's, Gaenslen's and Lasgue's sign tests were noted to be positive on the left. There was severe tenderness noted over the left piriformis muscles. Muscle strength was noted to be at 4/5 over the left quadriceps, hamstrings and calf muscles. Authorizations for initial urine drug screen, lumbar spine magnetic resonance imaging and bilateral lower extremity neuro diagnostic studies were requested. She was prescribed to start Gabadone, Trepadone, and Tramadol. She was also placed on temporary total disability for 45 days. In the most recent progress note dated August 14, 2014, it was indicated that she complained of low back pain which radiated down her left leg to the calf. She also stated that she was unsure whether she was pregnant or not and was advised to discontinue her medications. She rated her pain to be at 7 out of 10 on the pain scale. Without her medications, the pain was rated a 9 out of 10. Medications

were refilled and authorization for a transcutaneous electrical nerve stimulation unit rental for four weeks was requested. Authorization for physical therapy at a frequency of two times per week for four weeks was re-requested. This is a review of the requested continued Theramine for two months, continued Tramadol for two months, transcutaneous electrical nerve stimulation rental for four weeks and additional physical therapy for four months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Theramine x2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG chronic pain

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

Decision rationale: As per Official Disability Guidelines, Theramine is not recommended. This medical food is a proprietary blend of gamma-aminobutyric acid, choline bitartrate, L-arginine, and L-serine. Specifically, the same guidelines states that for Choline: There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency and for gamma-aminobutyric acid. This supplement is indicated for epilepsy, spasticity, and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that gamma-aminobutyric acid is indicated for treatment of insomnia and for L-Arginine. This supplement is not indicated in current references for pain or inflammation. Therefore, it can be concluded that this medical food known as Theramine is not indicated for cases of chronic pain such as this. Thus, this is not medically necessary.

Continued Tramadol x2 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The medical records received have limited information to support the necessity of continued use of Tramadol for two months. As per California Medical Treatment Utilization Schedule Tramadol extended release is not recommended as a first-line therapy. The documentation submitted did not indicate that the injured worker has tried and failed the use of first-line therapy. From the very start of treatment, Tramadol was already included in her pharmacologic regimen. Additionally, documentation provided did not indicate functional improvement in the continued utilization of the medication. Although the injured worker stated that this medication has been helpful, objective findings were lacking. There were no objective

findings for a decrease in pain level, increased range of motion and an increase in ability to do activities of daily living as set forth in the evidence-based guidelines as criteria for continued opioid use. With these considerations, it can be concluded that the request for continued Tramadol for two months is not medically necessary at this time.

TENS rental x4 weeks: 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 TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The medical records received have limited information to support the necessity of transcutaneous electrical nerve stimulation unit and its supplies. There is lack of documentation of failure of conservative treatment including home exercise, physical therapy, and medications. It was also indicated in the progress notes that she was managing with her current protocol which means that her current pain management program kept her pain symptoms at a tolerable level so that she was able to function. Additionally, evidence-based guidelines state that a one-month trial period of the transcutaneous electrical nerve stimulation 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. A rental would be preferred over purchase during this trial. The submitted records did not provide documentation on how often the unit was used. It did not document the outcomes in terms of pain relief and function when the injured worker stated she previously found the transcutaneous electrical nerve stimulation unit beneficial. Therefore, it can be concluded that the requested transcutaneous electrical nerve stimulation unit rental is not medically necessary at this time.

Additional PT x4 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The medical records indicated that the injured worker has undergone prior physical therapy sessions. However, it did not indicate the number of sessions and the response to the program. Hence, the efficacy of the previous sessions cannot be determined except for her claim that it did provide her benefits. There was no documentation of decreased pain, increased range of motion, and/or increased of ability to perform activities of daily living. There was also no clear documentation of musculoskeletal deficits in her recent progress notes that would warrant the additional physical therapy for four months. It has not been found that home exercise program is not beneficial, which can substantiate the need for supervised physical

therapy. Hence, the medical necessity of the requested physical therapy sessions for four months is not medically necessary.