

Case Number:	CM14-0137617		
Date Assigned:	09/05/2014	Date of Injury:	10/29/2013
Decision Date:	10/07/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Pain 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 is a patient with a date of injury of 10/29/13. A utilization review determination dated 8/19/14 recommends non-certification of TENS, Tramadol ER, Cyclobenzaprine, and a topical medication. Acupuncture was modified from 12 sessions to 6 sessions and Hydrocodone was modified from #60 to #30. 7/31/14 medical report identifies left medial elbow pain 8/10, left wrist pain 5/10. Patient recalls that TENS was efficacious previously at physical therapy. Medication facilitates maintenance of ADLs including light household duties, shopping for groceries, grooming, and cooking. Patient is now able to maintain exercise regimen with medication. She required up to 5 hydrocodone prior to tramadol ER, now no greater than 2-3 per day for breakthrough pain. Tramadol decreases somatic pain average of 4-5 points with no side effects. NSAID facilitates improved ROM and "additional 2 point average of scale of 10 diminutions in pain." History of GI upset with NSAID without PPI, but denies GI upset with PPI at current dose. Recalls refractory spasm prior to cyclobenzaprine, which decreases spasm for 4-6 hours facilitating marked improvement in range of motion, tolerance to exercise, and additional decrease in overall pain level 2-3 points. Burning pain has remained refractory to analgesics and NSAIDs, but has responded to oral antiepileptic and antidepressant, but oral medication failed due to nausea and lethargy. Gabapentin topical creams decreases burning pain and hypersensitivity up to 4 points with increased functionality and greater adherence to recommended exercise and activity. On exam, there is left elbow mild swelling and ulnar nerve tenderness. The left wrist and hand have diminished sensation in ulnar nerve distribution with some mild limited ROM, 4/5 grip strength, and spasm of the left forearm musculature. 6/9/14 medical report identifies left wrist pain 2-8/10 and left elbow and shoulder pain 4-8/10. On this visit, Norco #90 was requested as its use t.i.d., p.r.n. was said to reduce the pain by 50% and increase ADLs such as cooking, cleaning, and self-care. 5/23/14 medical report identifies pain

6/10 average, 4/10 with medication and 8/10 without. She uses anti-inflammatories and stomach-protecting medicine to decrease pain from 8/10 to 4/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is chronic pain. A trial of 6 sessions is supported; however, unfortunately, there is no provision for modification of the current request from 12 sessions to 6. In light of the above issues, the currently requested acupuncture is not medically necessary.

Topical Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in base, 210 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://odg-twc.com/odgtwc/pain.htm#Topicalanalgesics>)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for topical gabapentin 10%, amitriptyline 10%, dextromethorphan 10%, CA MTUS states that gabapentin is "not recommended for topical use." Within the documentation available for review, there is also no clear rationale for the use of the other topical medications in topical or oral forms for this patient. In light of the above issues, the currently requested topical gabapentin 10%, amitriptyline 10%, dextromethorphan 10% is not medically necessary.

Retrospective request for TENS unit trial x30 days (unknown DOS): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for TENS unit trial, Chronic Pain Medical Treatment Guidelines state that "transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-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." Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, the patient has tried various forms of conservative treatment and noted benefit from TENS administered during physical therapy. There is refractive neuropathic pain and a trial of TENS as outline above is consistent with the recommendations of the CA MTUS. In light of the above, the currently requested TENS unit trial is medically necessary.

Retrospective request for Tramadol ER 150mg #60 DOS 7/31/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines state that "due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use." Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes significant pain relief and functional benefit with opioids use. The patient's need for hydrocodone has decreased with the addition of a long-acting opioid (tramadol ER), with no more than 2-3 per day needed for breakthrough pain, down from 5 per day previously. The patient reports no side effects and no aberrant behaviors are noted. However, that does not appear to be consistent with earlier medical report. A report from May of 2014 notes pain that is better than at the time of the current exam while apparently utilizing only NSAIDs. A report from June of 2014 notes that the patient only uses up to 3 hydrocodone tablets per day and this reduces the pain by 50% as well as increases the ability to perform activities of daily living. Thus, while each report notes significant benefit of the medications being utilized, each subsequent report identifies the use of more pain medication without any drop in reported pain scores, which is also inconsistent with the concurrently reported percentage of pain relief. Given the inconsistencies with regard to the efficacy of the opioids, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol ER is not medically necessary.

Retrospective request for Hydrocodone 10/325mg #60 DOS:7/31/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for hydrocodone, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes significant pain relief and functional benefit with opioids use. The patient's need for hydrocodone has decreased with the addition of a long-acting opioid (tramadol ER), with no more than 2-3 per day needed for breakthrough pain, down from 5 per day previously. The patient reports no side effects and no aberrant behaviors are noted. However, that does not appear to be consistent with earlier medical report. A report from May of 2014 notes pain that is better than at the time of the current exam while apparently utilizing only NSAIDs. A report from June of 2014 notes that the patient only uses up to 3 hydrocodone tablets per day and this reduces the pain by 50% as well as increases the ability to perform activities of daily living. Thus, while each report notes significant benefit of the medications being utilized, each subsequent report identifies the use of more pain medication without any drop in reported pain scores, which is also inconsistent with the concurrently reported percentage of pain relief. Given the inconsistencies with regard to the efficacy of the opioids, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone is not medically necessary.

Retrospective request for Cyclobenzaprine 7.5mg #90 DOS:7/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by the CA MTUS. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.