

Case Number:	CM14-0174223		
Date Assigned:	10/24/2014	Date of Injury:	08/22/2003
Decision Date:	12/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas & Oklahoma. 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 68 year old female who reported an injury on 08/22/2003. The mechanism of injury was not provided. His diagnoses included status post total right knee surgery, status post total left knee surgery, chronic lumbar sprain with right leg radiculopathy, chronic cervical strain, status post right and left shoulder surgery, myofascial pain and right shoulder impingement. His past treatment included surgery, transcutaneous electrical nerve stimulation, physical medicine and medications. The injured worker's diagnostic studies included an MRI of the lumbar spine. Upon physical examination on 09/04/2014 the injured worker had worsening back pain and cramping in his right calf which was moderate-severe. Upon further examination he was found to have trace reflexes at the knees, pain with palpation over the right sacroiliac joint, and tension over the right sciatic notch. When examining his torso, it was noted that extension was limited to 10/30 degrees and right lateral bending was limited to 10/20 degrees. It was also noted that the injured worker found that taking half of the hydromorphone tablets 4 times a day provided good functional benefit and the Tizanidine helped to deal with his pain. It was further noted that he found benefit from his TENS unit. His current medications included gabapentin, hydromorphone and Tizanidine. The treatment plan included a neurological consult, prescriptions for hydromorphone and Tizanidine, and TENS unit supplies. The rationale for the request was that the injured worker found benefit from his TENS unit and the hydromorphone. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114, 116.

Decision rationale: The request for Transcutaneous Electrical Nerve Stimulation Supplies is not medically necessary. The injured worker has chronic low back and knee pain. The California MTUS Guidelines do not recommend TENS as a primary treatment modality, but a one month home based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration. The Guidelines further recommend TENS use for Chronic Intractable pain. The unit should be used 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. Other on- going pain treatment should be documented during the trial including medication usage. A treatment plan indicating specific short and long term goals of treatment with the unit should be submitted. The clinical documentation submitted indicated the injured worker has used a TENS unit for an extended period of time with minimal to moderate relief. There was no documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Additionally, the request did not include detailed information of which supplies were being requested and the quantity of the supplies. The request for transcutaneous electrical nerve stimulation is not supported by the guidelines. As such, the request for Transcutaneous Electrical Nerve Stimulation is not medically necessary.

Hydromorphone 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Use Page(s): 78.

Decision rationale: The request for Hydromorphone 4mg # 60 is not medically necessary. The injured worker has chronic low back and knee pain. The California MTUS Guidelines state that the on- going management of opiate therapy should include detailed documentation of pain relief, functional status, appropriate medication use and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical note dated 09/04/2014 indicated the injured worker was given a script for Hydromorphone 4mg tablet four times a day # 60 as it makes the pain tolerable. The submitted documentation did not include a detailed pain assessment to demonstrate significant pain relief with the use of hydromorphone. There is a lack of documentation that the injured worker was assessed for potential side effects and aberrant behavior. There is a lack of documentation indicating the

injured worker has significant objective functional improvement with the medication. Additionally, a urine drug screen was not submitted to verify appropriate medication use. In the absence of documentation showing details regarding the injured worker's use of hydromorphone, and appropriate documentation to support the on-going use of opioids, the request is not supported. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for hydromorphone 4mg # 60 is not medically necessary.

Tizanidine 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The request for Tizanidine 2mg #60 is not medically necessary. The injured worker has chronic low back and knee pain. The California MTUS Guidelines recommend muscle relaxants for short term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The clinical documentation submitted indicates that the injured worker has been prescribed Tizanidine since at least 04/10/2014. The clinical note dated 09/04/2014 documented the injured worker was given a script for Tizanidine 2mg twice daily # 60 as it does help with his pain, however, the request submitted for review did not include a frequency. The injured worker had moderate- severe muscle spasms. Additionally the clinical documentation submitted did not document significant functional improvement with the use of Tizanidine. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. The clinical documentation submitted does not demonstrate the medical necessity of Tizanidine 2 mg #60. As such, the request for Tizanidine 2mg #60 is not medically necessary.