

Case Number:	CM14-0020399		
Date Assigned:	05/02/2014	Date of Injury:	05/10/2012
Decision Date:	07/23/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/19/2014

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 Texas. 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 38-year-old male who reported an injury on 5/10/12. The mechanism of injury was a slip and fall from a ladder. Within the clinical note dated 3/31/14, the injured worker complained of sharp, stabbing low back pain rated 7-8/10, and described as frequent, constant, and moderate to severe. The injured worker reported the pain was radiating into his legs, and was associated with numbness and tingling of the bilateral lower extremity. He reported his pain was aggravated by prolonged positioning including sitting, standing, walking, bending, and arising from a sitting position. The injured worker complained of left knee pain which was rated 7-8/10. He described the pain as constant, moderate to severe. The injured worker reported pain to the knee was aggravated by squatting, kneeling, ascending or descending stairs, prolonged sitting, including weight-bearing, standing, and walking. The injured worker previously underwent a left foot surgery in May 2012, left tibia surgery in May 2012, plastic surgery on the left leg in August 2012, and left knee surgery in February 2013. Upon the physical exam of the lumbar spine, the provider noted tenderness to palpation at the quadratus lumborum muscle and spinous processes L3-5 and a positive straight leg raise. Upon examination of the left knee, the provider noted tenderness to palpation over the medial and lateral joint and patellofemoral joint. The provider indicated the injured worker had a positive McMurray's test. The injured worker had decreased sensation to pinprick and touch to the L4, L5, and S1 dermatomes bilaterally. Motor strength was 4/5 in all muscle groups bilaterally. The diagnoses included low back pain, lumbar spine sprain/strain, lumbar radiculopathy, anxiety, sleep disorder, stress, and status post left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-FORCE STIMULATOR UNIT WITH 2 CONDUCTIVE GARMENTS: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend TENS as a primary treatment modality. A one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to programs of evidence-based functional restoration. The guidelines recommend documentation of pain for at least three months with evidence that other pain modalities have been tried and failed, including medication. There is a lack of documentation indicating the injured worker's previous course of conservative care. There is lack of documentation indicating the injured worker has completed an adequate one-month trial of the TENS unit with documented efficacy. There is lack of documentation indicating other appropriate pain modalities have been tried and failed, including medication. Additionally, the injured worker complained of knee pain and low back pain. The request as submitted fails to provide the site at which the TENS is to be used. As such, the request is not medically necessary.

THREE MONTHS OF SUPPLIES FOR X-FORCE STIMULATOR UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SOLAR-CARE HEATING SYSTEM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines do not recommend infrared therapy over other heat therapies. Where deep heating therapy is desirable, providers may consider a limited trial of infrared therapy for acute low back pain, but only if used as an adjunct to a program of evidence-based conservative care. There is a lack of documentation indicating the injured worker has tried and failed other heating modalities at home. There is a lack of documentation indicating

the length of the therapy. The site at which the therapy is to be performed is not indicated. As such, the request is not medically necessary.

CHIROPRACTIC MANIPULATION TREATMENTS 18 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of six visits over two weeks; with evidence of objective functional improvement, a total of 18 visits over 6-8 weeks may be recommended. The submitted request does not specify the frequency of the treatment. The request for 18 sessions exceeds the Guideline recommendations of a trial of six visits over two weeks. In addition, the request does not specify the site at which the treatment is to be performed. As such, the request is not medically necessary.

XANAX 1MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is risk of dependence. The guidelines also note the limited use of benzodiazepines to four weeks. The injured worker has been utilizing the medication since at least 3/31/14, which exceeds the guideline recommendation. The efficacy of the medication was not indicated within the medical records. The provider's rationale for the requested medication was not indicated within the provided documentation. Additionally, the request failed to provide the frequency of medication. As such, the request is not medically necessary.

PRILOSEC 20MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines recommend proton-pump inhibitors such as Prilosec for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include being over the age of 65; having a history of peptic ulcer disease, gastrointestinal bleeding or perforation; using corticosteroids and/or anticoagulants; and taking high-dose and multiple NSAIDs. In the absence of gastrointestinal bleeding events, proton-pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping NSAIDs, switching to a different NSAID, or adding an H2 receptor antagonist or proton-pump inhibitor. There is a lack of documentation indicating the injured worker complained or was diagnosed with dyspepsia. The medical documentation did not indicate the injured worker to have gastrointestinal events. The documentation submitted did not indicate the injured worker has a history of peptic ulcer, GI bleed, or perforation. Additionally, the request did not provide the frequency of the medication. As such, the request is not medically necessary.

TRAMADOL 150MG: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects with regard to opioid usage. The guidelines note that pain assessment should include 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. The guidelines recommend the use of urine drug screening or inpatient treatment with issues of abuse, addiction, and/or pain control. There is a lack of documentation indicating the medication had been providing objective functional improvement. The provider did not document an adequate and complete pain assessment within the documentation. The request submitted failed to provide the frequency and quantity of the medication. As such, the request is not medically necessary.

GABAPENTIN/ KETOPROFEN/ TRAMADOL COMPOUNDED CREAM: Upheld

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

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

Decision rationale: The California MTUS guidelines note that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines note that any compound product that contains one drug or drug class that is not recommended is not recommended. The guidelines note topical analgesics are indicated for

osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amiable to topical treatment. The guidelines recommend topical analgesics for 4-12 weeks. Gabapentin is not recommended as there is no peer reviewed literature to support its use. Ketoprofen is not currently FDA-approved for topical application as it has an extremely high incidence of photocontact dermatitis. There is lack of documentation that the injured worker has been diagnosed with osteoarthritis. Additionally, the injured worker had been utilizing the medication since at least 3/31/14 which exceeds the guidelines recommendation for length of use. The request as submitted does not specify the treatment site. The request as submitted failed to provide the frequency and quantity of the medication. As such, the request is not medically necessary.

TYLENOL NO. 4 #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects with regard to opioid usage. The guidelines note that pain assessment should include 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. The guidelines recommend the use of urine drug screening or inpatient treatment with issues of abuse, addiction, and/or pain control. There is a lack of documentation indicating the medication had been providing objective functional improvement. The provider did not document an adequate and complete pain assessment within the documentation. The request submitted failed to provide the frequency and quantity of the medication. As such, the request is not medically necessary.