

Case Number:	CM14-0022634		
Date Assigned:	06/13/2014	Date of Injury:	09/26/2011
Decision Date:	08/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/23/2014

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 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 66-year-old male who reported an injury on September 26, 2011. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar radiculopathy, cervical radiculopathy, history of right knee internal derangement, status post right knee arthroscopy with medial meniscus debridement and chondroplasty. Previous treatments included muscle stim unit, medications, Orthovisc injections, and surgery. Within the clinical note dated April 29, 2014, it was reported the injured worker complained of pain to his bilateral knees when standing up or sitting. The injured worker reported needing replacement supplies for his TENS unit. The injured worker reported stiffness and pain with prolonged sitting. Upon the physical examination, the provider noted knee swelling and crepitus. The provider indicated the injured worker had mild tenderness to palpation of the knee. The provider requested the purchase of an electrical stimulation unit with additional supplies, Voltaren, Protonix, Lortab, Ambien, and Lidoderm. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on May 06, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an Electrical Stimulation Unit with additional supplies: Upheld

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

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

Decision rationale: The request for an Electrical Stimulation Unit is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1-month home based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is a lack of significant objective findings indicating the efficacy of the injured worker's prior utilization of the TENS unit. There is a lack of significant objective findings of deficits upon the physical examination. Additionally, the injured worker is currently utilizing a TENS unit. Therefore, the request is not medically necessary.

Voltaren (100mg, #30): 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 NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-70.

Decision rationale: The request for Voltaren is not medically necessary. The California MTUS Guidelines note Voltaren is a nonsteroidal anti-inflammatory drug for the release of signs and symptoms of osteoarthritis. The guidelines recommend Voltaren at the lowest dose for the shortest period of time in patients with moderate to severe pain. There is a lack of significant objective findings indicating the injured worker has treated for or diagnosed with osteoarthritis. The injured worker has been utilizing the medication since at least 2013. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Protonix (20mg, #60): 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Protonix is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Protonix are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, 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 had a history of peptic ulcers, gastrointestinal bleed, or perforation.

It did not appear the injured worker was at risk for gastrointestinal events. Additionally, there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Lortab (7.5/500mg, #30): 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 Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Lortab is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing functional benefit and improvement. The injured worker had been utilizing the medication since at least 2013. Additionally, the use of a urine drug screen was not documented for clinical review. Therefore, the request is not medically necessary.

Ambien (10mg, #30): 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 (ODG), Pain, Zolpidem.

Decision rationale: The request for Ambien is not medically necessary. The Official Disability Guidelines note zolpidem, also known as Ambien, is a prescription short-acting non-benzodiazepines hypnotic, which was approved for short-term, usually 2 to 6 weeks, treatment of insomnia. The Guidelines note proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, or anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and/or impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker had been utilizing the medication since at least 2013, which exceeds the Guideline recommendations of short-term use of 2 to 6 weeks. There is a lack of documentation indicating the injured worker is treated for or diagnosed with insomnia. Therefore, the request is not medically necessary.

Lidoderm Patches (#30): 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 Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Lidoderm Patches is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for the treatment of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation indicating the injured worker was tried and failed on first line therapy. There is lack of significant objective findings indicating the injured worker is treated for or diagnosed with neuropathic pain. The injured worker has been utilizing the medication for an extended period of time since at least 2013, which exceeds the Guideline recommendations of short-term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.