

Case Number:	CM14-0034100		
Date Assigned:	07/23/2014	Date of Injury:	12/19/2011
Decision Date:	09/08/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/18/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 58 year old with an injury date on 12/19/11. Patient complains of low back pain rated 7-8/10 per 1/2/14 report. Patient states recently increasing pain in her legs/feet per 1/2/14 report. Patient had continued nerve pain in right leg and it gave out on her, causing a fall per 2/17/14 report. An EMG from September showed normal results per 2/17/14 report. Based on the 1/2/14 progress report provided by [REDACTED] the diagnoses are: 1. Lumbar discogenic rusease multilevel, worse at L4-5 and L5-S1.2. Grade I spondylolisthesis, L4-5. Exam of L-spine on 1/2/14 showed "spasm, painful range of motion and limited range of motion. Positive Lasegue bilaterally. Positive straight leg raise bilaterally to 80 degrees. Pain bilaterally at L5-S1. Muscle strength globally intact in bilateral lower extremities." [REDACTED] is requesting TENS unit, Ultram, Flexeril Qty 1, Additional acupuncture 2 times a week for 6 weeks, and Prilosec 20mg, and Terocin cream. The utilization review determination being challenged is dated 2/26/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/2/14 to 2/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for TENS Page(s): 114-121.

Decision rationale: This patient presents with lower back pain. The treating physician has asked for a TENS unit on 1/2/14. Review of the 1/2/14 report states: "continue TENS unit which helps." Regarding TENS units, MTUS guidelines allow a purchase following a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. It appears that patient has been using TENS unit for at least a month. In this case, the month-long trial does not include a documentation of improvement in function, specifics of the decrease in pain, or how the unit is being used. In addition, the wording of the request makes it unclear if treating physician is asking for a purchase or rental of a TENS unit. Due lack of specific documentation regarding one-month trial of TENS, and lack of the specifics of the request is not medically necessary and appropriate.

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with lower back pain. The treating physician has asked for Ultram on 1/2/14. The 1/2/14 report states "medications help patient decrease her pain." For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Ultram. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary and appropriate.

Flexeril quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril-Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: This patient presents with lower back pain. The treating physician has asked for Flexeril Qty 1 on 1/2/14. The 1/2/14 report states "medications help patient decrease

her pain." Regarding Cyclobenzaprine, MTUS recommends as an option, using a short course of therapy for back pain and as post-op use. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that requested Flexeril is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request is not medically necessary and appropriate.

Additional acupuncture 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with lower back pain. The treating physician has asked for additional acupuncture 2 times a week for 6 weeks on 1/2/14. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, it is unclear if patient has completed a trial of acupuncture, how many previous sessions patient had, or if prior treatment has been effective. MTUS guidelines require documentation of improvement in terms of pain and function from prior therapy, in order to authorize additional sessions. As there is a lack of documentation, the requested 12 sessions of additional acupuncture are not indicated at this time. The request is not medically necessary and appropriate

Prilosec 20 mg: 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 (MTUS pg 69) Page(s): 69.

Decision rationale: This patient presents with lower back pain. The treating physician has asked for Prilosec 20mg on 1/2/14. The 1/2/14 report states "medications help patient decrease her pain." Regarding Proton pump inhibitors (PPI's), (ODG) Official Disability Guidelines recommends for patients at risk for gastrointestinal events. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. Gastrointestinal (GI) risk assessment must be provided. In this case, the patient is taking opioids and it is not clear how long the patient has been taking Prilosec. Current list of medications do not include an NSAID. There is no documentation of any GI issues such as Gastroesophageal Reflux Disease (GERD), gastritis or PUD. The treater does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI

assessment. The patient currently has no documented stomach issues. The request is not medically necessary and appropriate.

Terocin cream: Upheld

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

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

Decision rationale: This patient presents with lower back pain. The treating physician has asked for Terocin cream on 1/2/14. The 1/2/14 report states "Terocin cream helps with pain." MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin is a compound of methyl salicylate, capsaicin, menthol and lidocaine. Other than patches, no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain by MTUS. As topical Terocin is not indicated, the entire requested compound cream is not indicated. The request is not medically necessary and appropriate.