

Case Number:	CM14-0047289		
Date Assigned:	07/02/2014	Date of Injury:	07/03/2007
Decision Date:	09/16/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 case involves a 52-year-old female who has submitted a claim for left knee ACL laxity, left knee MCL ligament tear, and left knee ACL tear associated with an industrial injury date of 7/3/2007. Medical records from 2013 to 2014 were reviewed. The injured worker complained of episodic instability of left knee, associated with pain and muscle spasm around the quadriceps and hamstring region. Physical examination revealed a 1+ medial collateral laxity with poor endpoint, mildly positive Lachman's and pivot shift. Treatment to date has included use of a knee brace, and medications, such as Mobic and Lortab (since December 2013). Utilization review dated 4/3/2014, denied the request for 30 Day Trial of a 4-channel TENS unit because there was no discussion why a two-lead unit cannot suffice; denied Lortab 7.5mg #60 x 1 refill because there was no documentation of decreased pain scores, functional improvement, or urine drug screen to support its continued use; denied Gabapentin 600mg #60 x 2 refills because there was no documentation of that injured worker had peripheral neuropathy; and denied Nexium 40mg #30 x 3 refills because there were no documented gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day Trial of a 4-channel TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, TENS in Chronic Pain Page(s): 114, 116.

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are 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. In this case, patient complained of persistent left knee pain. However, there was no evidence that patient underwent physical therapy. There is no current exercise program. The guideline does not recommend use of a TENS unit as a solitary treatment modality. Moreover, as stated on page 116, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was no documentation submitted regarding specific goals that should be achieved with the use of TENS. The guideline criteria have not been met. In addition, the request did not specify body part to be treated. Therefore, the request for 30 Day Trial of a 4-channel TENS unit is not medically necessary.

Lortab 7.5mg #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 78-80, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Lortab since December 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Lortab 7.5mg #60 x 1 refill is not medically necessary.

Gabapentin 600mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, there was no previous intake of gabapentin. There was no documented rationale for its prescription when clinical

manifestations were not consistent with neuropathy. The medical necessity cannot be established due to insufficient information. Therefore, the request for Gabapentin 600mg #60 x 2 refills is not medically necessary.

Nexium 40mg #30 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, there was no previous intake of Nexium. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Nexium 40mg #30 x 3 refills is not medically necessary.