

Case Number:	CM14-0064003		
Date Assigned:	07/09/2014	Date of Injury:	01/29/2010
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 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 48-year-old female who reported an injury January 29, 2010. The mechanism of injury was not provided within the medical records. The clinical note dated July 25, 2014, indicate diagnoses of lumbar degenerative disc disease, sacroiliac strain, lumbosacral or thoracic neuritis, myofascial pain and depression. The injured worker reported low back pain rated 7/10. The injured worker reported her left leg gave out on her and she fell. On physical examination, there was tenderness to palpation with decreased range of motion. The injured worker had pain with repetitive bending and stooping, pushing and pulling. The injured worker's prior treatments included diagnostic imaging, physical therapy and medication management. The injured worker's medication regimen included Cymbalta, Methoderm and tramadol. The provider submitted a request for Methoderm, tramadol, Cymbalta and a TENS (transcutaneous electrical nerve stimulation) patch. A Request for Authorization dated April 4, 2014 was submitted. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 111, 105.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. It was not indicated if antidepressants or anticonvulsants had been tried and failed. In addition, there is lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the provider did not indicate a rationale for the request. Additionally, the request did not indicate a frequency, dosage or quantity. Therefore, the request for Methoderm is not medically necessary or appropriate.

TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, it was not indicated how long the injured worker had been utilizing this medication. Moreover, there is lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risks for aberrant drug use behavior and side effects. Furthermore, the request does not indicate a frequency, dosage or quantity for this medication. Therefore, the request for Tramadol is not medically necessary or appropriate.

TENS PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). It was not indicated how long the injured worker had been utilizing the TENS unit. In addition, there is lack of evidence of objective functional improvement from prior use of the TENS unit to warrant continued usage. Moreover, the request did not indicate a timeframe or a site for the TENS patch. Therefore, the request for a TENS patch is not medically necessary or appropriate.

CYMBALTA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the request does not indicate a dosage, frequency or quantity for this medication. Therefore, the request for Cymbalta is not medically necessary or appropriate.