

Case Number:	CM14-0066273		
Date Assigned:	07/16/2014	Date of Injury:	09/05/1996
Decision Date:	08/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/09/2014

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 Occupational Medicine 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 claimant was injured on 09/05/96. Norco, Flector patch, Celebrex, and a TENS unit rental are under review. On 11/25/13, the claimant saw [REDACTED] and he was status post a P&S examination for the lumbar spine on 12/07/97. He had back pain that radiated to the left leg. He was using a TENS unit to help manage his pain and it was very effective. However, it was no longer functional. Physical examination revealed decreased range of motion. He was grossly neurologically intact. He was diagnosed with lumbar spine pain and degenerative disc disease and received Vicodin, Flector patch, Celebrex, and was advised to use vitamin D. On 01/28/14, he was evaluated again. He used the TENS unit to manage his flares. He was on low dose Celebrex and had been switched from Vicodin to Norco. He was prescribed a TENS unit and the medications. On 03/25/14, he was still having pain. The TENS unit worked very well at helping him with his pain. He had decreased range of motion and medications were continued. On 05/06/14, he reported an increase in his pain. He would have to get up at night to take his pain medications whereas before he did not have to. The medications were continued and he was given Butrans patch. There was no mention of the TENS unit. On 06/10/14, he reported his pain level at 7/10. He had a malignant tumor removed from his kidney in February but had fully recovered. Physical therapy was ordered and he was to continue TENS and the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg quantity 180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Medications for Chronic Pain Page(s): 110; 94.

Decision rationale: The history and documentation do not objectively support the request for ongoing use of the opioid, Norco 5/325 mg #180 with 1 refill. The MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. The claimant was also taking Celebrex. MTUS further explains, 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. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he received from treatment measures. Additionally, the 4A's analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than he takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. As such, the medical necessity of the ongoing use of Norco 5/325 mg #180 with 1 refill has not been clearly demonstrated. Therefore the request is not medically necessary and appropriate.

Flector Patch 1.3% quantity 60: 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 Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Flector patches at this time. The CA MTUS page. 143 state topical agents may be recommended as an option [but 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. (Namaka, 2004). There is no evidence of failure of all other first line drugs. The claimant received refills of his other medications, also, with no reported intolerance or lack of effectiveness. The medical necessity of this request has not been clearly demonstrated. Therefore is not medically necessary and appropriate.

Celebrex 200 mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Celebrex Page(s): 52.

Decision rationale: The history and documentation do not objectively support the request for continued use of Celebrex for the claimant's ongoing pain. The Chronic Pain Medical Treatment Guidelines, page. 102 state re: NSAIDs Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and Cox-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. Cox-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. In this case, osteoarthritis has not been documented and NSAIDs of this type are recommended for acute exacerbations of low back pain after trials of acetaminophen. Cox-2 NSAIDs such as Celebrex may be recommended when there are identified risks to the gastrointestinal tract. No such increased has been identified in the records. The use of Celebrex 200 mg #30 for continued pain flare ups is not supported as medically necessary or appropriate.

Tens (transcutaneous electrical nerve stimulation) unit rental: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Primary Treatment but a one month home based Tens trial.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 146.

Decision rationale: The history and documentation support the request for a TENS unit rental. The MTUS state TENS, chronic pain (transcutaneous electrical nerve stimulation) is 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters

which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001). Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005). In this case, the claimant has reported subjective improvement in his pain with the use of TENS. However, there has been no documentation of objective measurable or functional improvement as a result of the use of TENS. Purchase (replacement) of a TENS unit is not supported but a rental appears to be an appropriate alternative and should be a short trial for 30 days. Given the above the request is not medically necessary.