

Case Number:	CM14-0068652		
Date Assigned:	08/08/2014	Date of Injury:	03/15/2007
Decision Date:	09/23/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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 53-year-old male who reported an injury while moving a ladder on 03/15/2007. On 03/28/2014, his diagnoses included cervical/lumbar spine sprain, bilateral leg radiculitis, bilateral knee arthralgia, grade I-II meniscal tears, bilateral arm tenosynovitis, carpal tunnel syndrome, and history of umbilical hernia. As a result of this reported injury, he was diagnosed with an incarcerated umbilical hernia. On 01/14/2014, his diagnoses included status post umbilical hernia repair with mesh, status post left clavicle surgery in 04/2003, and postoperative inflammation secondary to mesh-umbilical hernia repair, and diastasis recti. The recommendations were that this worker undergoes a series of steroid injections to the umbilical area. On 11/26/2013, his medications included tramadol 50 mg, mirtazapine 15 mg, Pamelor 25 mg, Ativan of an unknown dose, Ondansetron 5 mg and Meclizine 25 mg. There was no rationale or request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 Mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol (Ultram) Page(s): 74-95,113.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use including; documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to but not substituted for the less efficacious drugs. Long-term use may result in immunological or endocrine problems. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The submitted documentation revealed that this worker had been taking Ultram since 11/26/2013. There was no documentation in the submitted chart regarding appropriate long-term monitoring/evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, drug screens or collateral contacts. Additionally, there was no frequency specified in the request. Therefore, the request for Ultram 50 mg #120 is not medically necessary.

Robaxin 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appeared to diminish over time. The mechanism of action for Robaxin is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Based on the submitted documentation, it is unknown how long this worker has been using Robaxin. The request did not specify a frequency of administration. Therefore, this request for Robaxin 750 mg #60 is not medically necessary.

Meclizine 25 Mg #60: 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, Antiemetics (for opioid nausea).

Decision rationale: The Official Disability Guidelines assert that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. These side effects tend to diminish over days to weeks of continued exposure. Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Meclizine is an antihistamine considered to be an antiemetic, and is used to treat or prevent nausea, vomiting, and dizziness caused by motion sickness. The clinical information submitted failed to meet the evidence based guidelines for antiemetics. Additionally, the request did not specify the frequency of administration. Therefore, this request for Meclizine 25 mg #60 is not medically necessary.

Durable Medical Equipment (DME) -Home EMS Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Microcurrent electrical stimulation (MENS devices) and Knee & Leg, Durable medical equipment (DME).

Decision rationale: In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally; if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use, for example, could normally be rented and used by successive patients and is primarily and customarily used to serve a medical purpose. Micro current electrical stimulation devices are not recommended. Based on the available evidence, conclusions cannot be made concerning the effect of micro current stimulation devices on pain management and objective health outcomes. Additionally, the request did not specify whether this was to be a rental or purchase item. Furthermore, the body part or parts that were to be treated with this device were not identified in the request. Therefore, this request for durable medical equipment (DME) - home EMS unit is not medically necessary.

Durable Medical Equipment (DME) -Unknown Supplies for Bionicare Knee System: 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), Knee & Leg, Durable medical equipment (DME).

Decision rationale: In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use, for example, could

normally be rented and used by successive patients and is primarily and customarily used to serve a medical purpose. Although this worker does have a diagnosis of knee arthralgia, there was no documentation of failed trials of conservative treatment including medications, acupuncture, chiropractic treatments or physical therapy. There was no documentation in the submitted chart regarding the use of a Bionicare knee system. The need for unknown supplies for Bionicare knee system was not clearly demonstrated in the submitted documentation. Therefore, this request for durable medical equipment (DME) - unknown supplies for Bionicare knee system is not medically necessary.

Diagnostic Workup (Unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The California MTUS/ACOEM Guidelines suggest that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. This worker is being treated by multiple clinicians and his various medical conditions and diagnoses appear to be adequately addressed. The need for a diagnostic workup was not clearly demonstrated in the submitted documentation. Therefore, this request for diagnostic workup (unspecified) is not medically necessary.