

Case Number:	CM14-0071377		
Date Assigned:	07/14/2014	Date of Injury:	06/17/1996
Decision Date:	09/10/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/16/2014

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:

This 71 year-old patient sustained an injury on 6/17/1996 while employed by [REDACTED]. Request(s) under consideration include Ultram 50 mg #60 with 2 refills, Flector patches #60 with 2 refills, and TENS unit. Diagnoses list lumbosacral neuritis. The patient continues to treat for chronic neck and low back pain. There is history of s/p right shoulder arthroscopic repair. Electrodiagnostic study of 1/7/13 showed bilateral C6 radiculopathy and bilateral CTS. MRI of cervical spine dated 5/24/12 showed multilevel discogenic spondylosis resulting in diffuse neural foraminal and canal stenosis at C3-7. MRI of right shoulder dated 5/24/12 showed small focal rotator cuff tear, AC osteoarthritis and supra/infraspinatus tendinitis. Conservative care has included physical therapy, TENS unit, medications, chiropractic treatment, and modified activities/rest. Report of 4/15/14 from the provider noted the patient with exam findings of lumbar paravertebral muscle tenderness, restricted cervical and lumbar range with full motor strength in bilateral lower extremities. Request(s) for Ultram 50 mg #60 with 2 refills, Flector patches #60 with 2 refills, and TENS unit were non-certified on 5/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Ultram 50 mg #60 with 2 refills is not medically necessary and appropriate.

Flector patches #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -pain acute and chronic, FDA 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) Page(s): 22.

Decision rationale: Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Topical NSAIDs (Flector patch) are not supported beyond trial of 2 weeks for this 1996 injury. There is no documented functional benefit from treatment already rendered. The Flector patches #60 with 2 refills is not medically necessary and appropriate.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Transcutaneous Electro Nerve Stimulation. Decision based on Non-MTUS Citation ODG pain (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages Page(s): 115-118.

Decision rationale: Transcutaneous Electrotherapy is not recommended as an isolated intervention, but a one-month home-based trial of neurostimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a

program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications which have not been demonstrated in this case. Criteria also includes notation on how often the unit was to be used, as well as outcomes in terms of pain relief and function of other ongoing pain treatment during this trial period including medication usage. A treatment plan should include the specific short- and long-term goals of treatment with the TENS unit. There is no clinical exam documenting limitations in ADLs, specific neurological deficits, or failed attempts with previous conservative treatments to support for the TENS unit, not recommended as a first-line approach or stand-alone treatment without an independent exercise regimen towards a functional restoration program. Submitted reports have not demonstrated having met these guidelines criteria. The Tens Unit is not medically necessary and appropriate.