

<b>Case Number:</b>	CM14-0081968		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 33 year old male who was injured on 6/13/12 after falling. He was later diagnosed with right knee pain, left knee sprain/strain, lumbar sprain, myalgia and myositis, sleep disturbance, and osteoarthritis. He was treated with oral medications, TENS unit, exercise, topical analgesics, and surgery (right knee 8/12, 9/13). He was seen by his treating physician on 5/23/14 complaining of his chronic right knee pain and back pain, and reported doing his home exercises regularly and tolerating his medications. Physical examination revealed tenderness of lumbar paraspinal muscles and antalgic gait. He was then recommended to continue his TENS unit use, Tramadol, Omeprazole, and Lidopro ointment. Also, in the plan section the treating physician mentioned that the patient would attempt to decrease medications. MRI of the left knee was also recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp. 78-80 Page(s): 78-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there is not enough documentation of this review having been completed in order to justify its continuation. It is unclear exactly how the medication is affecting his function and pain levels after reviewing the notes available for review. Therefore, the request for Tramadol/APAP 37.5/325mg #60 is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk pp. 68-69 Page(s): 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The worker in this case does not bring with him any medical history (documented in the notes available for review) of any gastrointestinal risk. Also, there is no evidence of him taking NSAIDs. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.

**Lidopro Ointment #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine, topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) pp. 56-57, Topical Analgesics, Lidocaine p. 12 Page(s): 56-57, 12.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as Gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there is no clear documentation that he has radiculopathy, nor is there evidence, found in the notes available for review, that he tried and failed first line therapies for any neuropathic pain that he may have. Also, it is unclear how the worker is using this medication and how effective it

is an reducing his pain and increasing his function. Therefore, continuation of LidoPro without this documentation would be inappropriate. Therefore, the request for Lidopro ointment #1 is not medically necessary.

**TENS patches #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

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

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional resoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. Although it appears that the worker had been using a TENS unit (for an unknown duration of time), there is no report found in the documents available for review revealing how he uses the TENS unit and how effective it is at improving his functional abilities with its use. Continuation of use without this documentation of evidence of benefit would be inappropriate. Therefore, the TENS patches #2 are not medically necessary.