

Case Number:	CM14-0187187		
Date Assigned:	11/17/2014	Date of Injury:	06/07/2007
Decision Date:	01/05/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal 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:

This is a case of a 47 year old male with a date of injury of 6/7/2007. The patient apparently tripped and fell and landed on his back. He is status post lumbar fusion, and has the diagnosis of lumbar discogenic disease, sacroiliac joint dysfunction, and cervical disc disease. In an initial comprehensive orthopedic evaluation by a primary treating physician dated 9/15/2014 by [REDACTED], the patient suffered a fall while on the job and injured his lower back neck and knees. He has been treated with pain medication, anti-inflammatory medication, X-rays and MRIs were also done. He has received physical therapy to his neck, lower back, and knees with minimal pain relief. He had a steroid lumbar epidural injection in 2008 providing him temporary relief. In 2011 he underwent lumbar surgery with hardware, by [REDACTED]. He also received trigger point injections as needed for his pain. Currently he is still experiencing continuous aching in the neck, and at times it becomes sharp and shooting in nature. His pain levels vary throughout the day and the pain medication provides temporary relief. His low back pain is continuous and nagging and often becomes shooting and sharp in nature. He has radiculopathy symptoms as well down his right leg and foot. Pain medication for his lower back also provides him with temporary relief. His knee pains are intermittent, daily and aching in nature. It is exacerbated with standing and walking for more than 15 minutes at a time. His pain medication again provides temporary relief. He has difficulty sleeping and awakens with pain and discomfort. He also suffers from anxiety and stress due to his pain and the fact that he is not able to function at his fullest capacity. On physical examination, it is noted that he has spasms and tenderness to his trapezius, cervical paravertebrals, and interscapular area. The patient has an antalgic gait, and also has tenderness and spasms in the lumbar paravertebral muscles as well as sciatic notch tenderness. He has toe and heel walks with pain, and squats with pain. MRI of the lumbar spine from 5/24/2014 showed post-surgical changes from L2-L5 consistent with spinal

fusion surgery. Anterior spinal hardware is noted. Disc desiccation is seen. A 4 mm disc herniation at the L1-L2 level is noted. A 3 mm disc herniation is seen at the L3-L4 level. Bilateral lateral recess stenosis is seen at the L4-L5 and the L5-S1 levels. He is diagnosed with cervical spine radiculopathy, lumbar spine radiculopathy, status post fusion from L3-S1 using anterior and posterior approach, and status post bowel obstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 72-79.

Decision rationale: Based on the MTUS guidelines, short-acting opioids are seen as an effective method in controlling pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. When considering opioids for on-going management of chronic pain, adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. 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 the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, if there is decrease of functioning, or resolution of pain. In this case, the patient has been on Norco for at least several months and this seems to provide with him with temporary relief. There is no good documentation of how long the patient experiences pain relief, or adequate quantification of his pain on appropriate pain scales. There has been no documentation of the patients decreased pain levels, increased level of function, or improved quality of life. The patient was approved a modified amount of Norco tablets to initiate weaning of the narcotic medication or to provide further documentation to support its continued use. Since there are no further supporting documents or evidence to support the continued use of Norco, the request for Norco 10/325 mg #120 is not medically necessary.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 24.

Decision rationale: Based on the MTUS guidelines, the use of Benzodiazepines such as Restoril are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects develops rapidly. In this case, the patient has been on Restoril for more than weeks, which is beyond the duration of the accepted guidelines. The patient also had recently approved a modified amount of tablets to begin the weaning process. Therefore, based on the MTUS guidelines and the evidence in this case, the request for Restoril 30 mg #30 is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 114-115.

Decision rationale: Based on the MTUS guidelines, transcutaneous electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. Using a TENS unit for chronic pain 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. Several published evidence-based assessments of 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 effects, and difficulty comparing the different outcomes that were measured. In this case, there is no documentation of using the TENS unit as an adjunct to a program of evidence-based functional restoration. Also, the request for the TENS unit did not specify for what duration it is to be used and is it to be rented or purchased. Therefore, based on MTUS guidelines, the request for a TENS unit is not medically necessary.