

Case Number:	CM14-0206272		
Date Assigned:	12/18/2014	Date of Injury:	02/25/1980
Decision Date:	02/06/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/09/2014

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 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:

The injured worker (IW) is a 56-year-old man with a date of injury of February 25, 1980. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are somatic dysfunction of the cervical spine; somatic dysfunction of the thoracic spine; somatic dysfunction of the lumbar spine; radiculopathy; HTN; and CAD. Pursuant to the most recent progress note in the medical record dated October 6, 2014, the IW complains of cervical spine pain with spasms, decreased range of motion, and radicular pain on the left. Objective physical findings reveal cervical spasms, decreased range of motion, and thoracic spasm with paradoxical rib motion greatest on the left. Current medications include Tizanidine 4mg, Neurontin 800mg, Omeprazole 20mg, Amitriptyline 10mg, Naproxen 500mg, Atenolol 25mg, Norco 10/325mg, Lactulose, and Amitiza 24mcg. The current request is for TENS units and Amitiza 24mcg. The only mention of a TENS unit in this progress note is in the treatment plan that states TENS, plus Buprenorphine plus Neurontin or Lyrica is really essential if we are going to stay ahead of the patient's pain and keep him functional. The documentation does not contain any 30 day trial nor is there objective evidence of functional improvement associated with a TENS unit. There are no short-term or long-term goals documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back -- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, 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. Criteria for use of TENS include, but are not limited to, failure of other appropriate pain modalities; a one month trial. Should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often it was used as well as outcomes in terms of pain relief and function; a treatment plan with specific short and long-term goals should be documented; after a successful one month trial continued TENS treatment may be recommended if the physician documents the patient is likely to derive significant therapeutic benefit from continued use; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses pursuant to an October 6, 2014 progress note (the latest progress note in the medical record) are somatic dysfunctions cervical spine; somatic dysfunction thoracic spine; somatic dysfunction lumbosacral spine; radiculopathy; hypertension; and CAD. The only mention of a TENS unit in this progress note is in the treatment plan that states "TENS, plus buprenorphine plus Neurontin or Lyrica is really essential if we are going to stay ahead of the patient's pain and keep him functional". The documentation does not contain a 30 day trial nor is there objective evidence of functional improvement associated with a TENS unit. There are no short-term or long-term goals documented in the medical record. Consequently, absent the appropriate clinical documentation in terms of criteria for TENS's use, TENS unit is not medically necessary.

Amitza 24mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Amitiza; <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a607034.html>.

Decision rationale: Pursuant to Medline plus, Amitiza 24 mg is not medically necessary. Amitiza is used to relieve chronic idiopathic constipation. Amitiza is recommended only as a possible second line treatment of opiate induced constipation. For additional details see the attached link. In this case, the injured worker's working diagnoses pursuant to an October 6, 2014 progress note (the latest progress note in the medical record) are somatic dysfunctions cervical spine; somatic dysfunction thoracic spine; somatic dysfunction lumbosacral spine; radiculopathy; hypertension; and CAD. The documentation does not contain a clinical rationale indication indicating a failure

first-line treatment for constipation. The injured worker takes lactulose and there is no indication for its failure. Consequently, after the appropriate clinical indications/rationale for Amitza, the request Amitza for 24mg is not medically necessary.