

Case Number:	CM14-0206935		
Date Assigned:	12/18/2014	Date of Injury:	04/24/2001
Decision Date:	02/06/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehab 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 patient sustained an injury on 4/24/2001 while employed by [REDACTED]. Request(s) under consideration include new TENS Unit and Soma 350mg #60. Diagnoses include low back, left hip, left knee, and right foot sprains and contusions s/p left knee TKA on 12/10/02 with stable prosthesis (per x-rays of 7/10/13) and lumbar discectomy and fusion at L4-S1 in June 2004. Conservative care has included medications, therapy, and modified activities/rest. Medications list Voltaren Gel, Norco, and Soma. The patient continues to treat for chronic ongoing symptoms. Report of 11/13/14 noted continued left knee to hip pain, worse with change of weather; back spasm with increased pain rated at 9/10. The provider noted the patient reported previous use of TENS unit in the past with some pain relief and would like to request for a new TENS unit. Exam showed unchanged findings of guarded gait due to pain in left knee; TTP in left knee and lower leg; functional range of motion and strength in lower extremities; limited range in lumbar spine in all directions with taunt muscle bands. Diagnoses include lumbago; lumbosacral intervertebral disc degeneration; and lower leg/joint pain. Treatment included medications of Butrans, Voltaren Gel, Soma, and Norco along with TENS for pain control. The patient remained off work. The request(s) for new TENS Unit and Soma 350mg #60 were non-certified on 11/25/14 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:

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: The request(s) for new TENS Unit and Soma 350mg #60 were non-certified on 11/25/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the injured worker has chronic condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, and previous TENS trial yet the injured worker has remained symptomatic and functionally impaired and off work. There is no documentation on the short-term or long-term goals of treatment with the TENS unit. Although the injured worker has utilized the TENS unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The new TENS Unit is not medically necessary and appropriate.

Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request(s) for new TENS Unit and Soma 350mg #60 were non-certified on 11/25/14. Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2001. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the injured worker remains unchanged. The Soma 350mg #60 is not medically necessary and appropriate.

