

Case Number:	CM14-0209045		
Date Assigned:	12/22/2014	Date of Injury:	10/23/2013
Decision Date:	02/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 28-year-old female with a date of injury of 10/23/2013. According to progress report dated 09/29/2014, the patient presents with a firm, tender, fluctuant right breast mass via ultrasound, which demonstrated hyperechoic region indicative of a right breast abscess. The patient was seen in the emergency room for incision and drainage with a Penrose placement. The patient presents on this date with no new complaints of symptoms but does state that she continues with pain, which is not well controlled by the ibuprofen that was prescribed. Patient was given adequate supplies of dressing and instructed to return to clinic that Friday for reevaluation. The utilization review discusses the progress report dated 12/03/2014, which was not provided for my review. According to this report, the patient complains of continued neck pain. Objective findings included positive tenderness to palpation over the right trapezius. There was 5/5 bilateral upper extremities, and sensory was intact. The patient was diagnosed with cervical radiculitis, numbness, and tingling. The utilization review notes that the patient's treatment history includes physical therapy, chiropractic treatment, home exercise program, heat and ice, use of TENS unit, modified duty, and medications. Patient's current medication regimen includes naproxen 50 mg, Flexeril 5 mg, and omeprazole 20 mg. It was noted the medications help control pain, and the pain is decreased to 5-6/10 and improves activities of daily living and function. MRI of the thoracic spine, dated 02/20/2014, documented partial disk desiccation at L5-S1, otherwise negative MRI of the lumbar spine. This is a request for tramadol 50 mg #60 and TENS patches. The utilization review denied the request on 12/12/2014. The medical file provided for review includes progress report dated 09/29/2014 and AME report dated 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Lists Section Page(s): 93 - 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89, 76-78.

Decision rationale: This patient presents with neck and low back pain. Patient was also recently seen in the emergency department for right breast mass, which required incision and drainage. The current request is for Tramadol 50 mg #60. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily livings (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The requesting physician does not provide any discussion regarding the medication Tramadol. In reviewing the AME report dated 10/22/2014, the patient has been taking Tramadol as early as 10/25/2013. In this case, recommendation for refill of Tramadol 50 mg cannot be made, as the treating physician has not provided any specific functional improvement, changes in ADL, or return-to-work status to show significant functional improvement. The medical file also does not provide any discussion regarding adverse side effects, and the treating physician does not address possible aberrant behaviors. There is no drug screen or CURES report provided to monitor for compliance. Therefore, this request is not medically necessary.

TENS patches, quantity of two, provided on December 3, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

Decision rationale: This patient presents with neck and low back pain and was recently seen in the emergency department for right breast mass, which required incision and drainage. The current request is for TENS patches #2 provided on 12/03/2014. Per MTUS guidelines, page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be

indicated. According to AME report 10/22/2014, the patient has been utilizing a TENS unit with some improvement; however, there is no documentation regarding frequency of use, magnitude of pain reduction, and any functional changes with utilizing the TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. Given the lack of discussion of functional improvement from using a TENS unit, this request is not medically necessary.