

Case Number:	CM14-0061322		
Date Assigned:	07/09/2014	Date of Injury:	11/27/2011
Decision Date:	01/28/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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 Practice 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:

Applicable Criteria/Guideline: CA MTUS, 2009, Chronic Pain Medical Treatment Guidelines, 9792.20-9792.26, pages 111-112, 114-116 Date/First Report of Injury: 11/27/2011 Injured Worker Age, Gender and Complaints: 52 year old male presents for follow-up with treating provider on 4/8/14, with complaints of occasional soreness in his knees after being on feet for 8 hours. He reported doing well and he was continuing to strengthen his legs with weights and cardiovascular exercise. He was back working full duty without restrictions. His sleep was improved and he reported that occasionally his knee pain prevented him from getting comfortable at night. Treating/Referral Provider Findings: Upon review of the 5/9/13 progress notes from the treating provider, injured worker was status post left knee arthroscopy with partial meniscectomy, he complained of feeling an occasional sharp pain but was able to ease the pain with TENS unit, ice, elevation and medications. He reported that his pain at the time was 2/10. Physical exam performed by treating provider on 4/8/14 revealed right knee full range of motion, no tenderness to palpation, no popping or clicking, no edema or warmth, and no sensory deficits. The injured worker was able to deep knee bend without pain. Conservative treatment with results: Upon review of the 5/9/13 progress notes from the treating provider, the injured worker was status post left knee arthroscopy, partial meniscectomy (actual date not provided). He finished his course of PT, was exercising at a gym occasionally and implementing the program he worked on in PT. The 9/10/13 treating provider progress notes reflected that the left knee pain was improving. The injured worker continued with strengthening exercises at home, TENS unit daily, a home exercise program, weight lifting and use of a foam roller. He reinjured his right knee at work and surgery was pending. According to 11/19/13 exam with provider, injured worker was going to PT and using the TENS unit every morning on both of his knees which decreased the pain significantly. Pennsaid drops were also prescribed on this visit as injured

worker indicated that TENS and Pennsaid was helping with pain relief. Per 2/11/14 exam by provider, injured worker going to gym, has been able to increase time on stationary bike and elliptical machine. He was also able to do strength training to develop muscles surround the knee. The injured worker verbalized getting stronger but complained of continuous pain. He uses heat and ice and his range of motion is not impaired. At the time he was working 32 hours per week and was doing light duty. According to 4/8/14 progress notes from provider, injured worker was strengthening his legs with weights and cardiovascular exercise. He reported that the TENS unit, ice and topical analgesics provided pain relief. He reported using the ice and TENS daily. He also had pain relief from a sample of Pennsaid that he was given a few months ago. At this visit, the injured worker was given a prescription for Pennsaid 2 pumps twice daily, Ibuprofen 600mg daily and a request was made for a new cord and electrodes for the TENS unit. He was taking fish oil 500 mg softgel and a multivitamin which was prescribed by another provider. Work status was permanent and stationary, full-duty, without restrictions. The agreed medical exam was also referenced in this progress report which indicated that the injured worker was a maximal medical improvement and future medical treatment would possibly consist of NSAIDs, muscle relaxants, narcotics, knee stabilization, and TENS unit. Corticosteroid injections and visco injections once per year. Diagnostics: MRI of the left knee completed on 5/21/12 revealed moderate degenerative change at the medial compartment with hypertrophic spurring, subchondral edema of the condyle, chondromalacia of the femoral cartilage as well as free edge tear of the mid-portion or body of the medial meniscus. MRI of the right knee completed on 7/23/13 revealed an irregular shaped undersurface tear of the medial meniscus body and posterior horn. It showed fraying of the lateral meniscus posterior horn inner margin associated with myxoid degeneration of meniscus. Cartilage thinning and irregularity of the medial compartment was noted as well as mild ACL and PCL degenerative signal. Diagnoses: Enthesopathy of Knee, sprain/strain of knee and leg, and spasm of muscle; s/p right knee meniscectomy on 9/19/2013; s/p left knee arthroscopic meniscectomy (date not provided; performed after 5/21/12 and before 5/9/13) Disputed Service(s): Pennsaid (diclofenac sodium) drops/topical 2 pumps twice daily and electrodes and new cord for TENS unit. The Pennsaid drops are not consistent with MTUS as topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward or with diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4-12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Indications are for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It goes on to state that this is recommended for short-term use (4-12 weeks). The request for electrodes and a new cord for the TENS unit is not consistent with MTUS as 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, I used as an adjunct to a program of evidence-based functional restoration. 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, not do they answer questions about long term

effectiveness. The injured worker has been using the TENS unit for well over a year. Also, the TENS unit is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Since continued TENS usage would not meet criteria, unable to recommend new cord or electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: Criteria for the use of TENS includes chronic intractable pain of at least three months duration when there has evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The request is not reasonable as there is no indication that TENS is to be used as an adjunct to other modalities or that medication has failed. Also, the TENS unit is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Since continued TENS usage would not meet criteria, unable to recommend new cord or electrodes.

New Cords for TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: Criteria for the use of TENS includes chronic intractable pain of at least three months duration when there has evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit

should be submitted. The request is not reasonable as there is no indication that TENS is to be used as an adjunct to other modalities or that medication has failed. Also, the TENS unit is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Since continued TENS usage would not meet criteria, unable to recommend new cord or electrodes.

Pennsaid drops/topical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy.