

Case Number:	CM15-0004385		
Date Assigned:	01/15/2015	Date of Injury:	08/29/1996
Decision Date:	03/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

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 60 year old male, who sustained an industrial injury on 08/29/1996. He complains of persistent pain in shoulders, persistent neck and low back pain, pain in the left knee and pain in the left hip. The diagnoses have included other and unspecified disc disorder, unspecified region, and coracoclavicular (ligament) sprain, other internal derangement of knee, sleep issues, stress, and depression. The IW walks with a cane. Treatment to date has included surgery on the left knee in 2013, epidural steroid injections, a back brace, and hot and cold wraps. Currently, the IW complains of ongoing issues of chronic pain affecting the back, shoulders and left knee. He has a history of surgery on the left knee, rotator cuff repair on both the right and left shoulders, lumbar pain status post multiple epidural injections, and use of a back braces . The IW is managed with medications and durable medical devices, currently is in the care of a pain specialist, and on 11/04/2014 referrals are made to an orthopedic specialist and a psychiatrist. On 12/09/2014 Utilization Review non-certified requests for the following items: 1. Left shoulder orthosis; figure eight design with abduction restrainer and canvas webbing noting that the notes provided for review do not include current subjective complaints or objective exam findings, and that the Official Disability Guidelines conclude there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low back pain. (ODG), Posture supports was cited. 2. A Form fitting conductive garment for delivery of TENS unit, noting that the notes provided for review do not include current subjective complaints or objective exam findings, and" there is no provided rationale as to why the guideline recommendations should not be followed for this patient". MTUS Chronic Pain

Guidelines, Form-fitting TENS device, was cited. 3. A Four lead TENS unit, noting the documentation did not include subjective complaints or objective exam findings and contained no description findings that support the use of a TENS unit at this time. MTUS, Chronic pain Guidelines TENS, was cited. 4. A Lumbar flexible brace, noting that the notes provided for review do include current subjective complaints or objective exam findings and that neither ACOEM nor ODG support the prolonged use of a lumbar brace. Non- MTUS, Official Disability Guidelines (ODG), Low back chapter, Lumbar supports, were cited. 5. A Kyphosis pad for lumbar brace, noting there was no provided rationale as to why guideline recommendations should not be followed for this patient. Non- MTUS, Official Disability Guidelines (ODG), Low back chapter, Lumbar supports, was cited. 6. A Left knee brace, noting there was no rationale as to why another brace would be needed at this time and documentation provided for review did not include subjective complaints or objective exam findings noting instability, or deficiency of the knee. MTUS, ACOEM Chapter 13 Knee Complaints Guidelines, was cited. 7. A request for Flexeril 7.5mg quantity 60 noting the documentation did not include subjective complaints or objective exam findings to support the use of a muscle relaxant. There also was no documentation if this was a new prescription or a refill. MTUS, Chronic Pain, Muscle Relaxants Guidelines, was cited. 8. A request for Nalfon 400mg quantity 60, noting the documentation did not include subjective complaints or objective exam findings. There also was no documentation of the IW's current medication list and no documentation if this is a new medication or a refill. MTUS, Chronic Pain, NSAIDs Guidelines was cited. 9. A request for Neurontin 600mg quantity 90, noting the documentation did not include subjective complaints or objective exam findings of neuropathic pain. There also was no documentation of the IW's current medication list and no documentation if this is a new medication or a refill. The MTUS, Chronic Pain Antiepilepsy drugs (AEDs) Guidelines was cited. 10. A request for Tramadol ER 150mg quantity 30, noting there were no documentation of the IW's current medication list and no documentation if this is a new medication or a refill. There also were no urine drug screen results and no narcotic contracts to support the use of an opioid. There also was no documentation of the IW's current medication list and no documentation if this is a new medication or a refill. MTUS, Chronic Pain Opioids Guidelines, was cited. 11. A request for Terocin patches, quantity 10 noting there was no documentation of the IW's current medication list and no documentation if this is a new medication or a refill. There was also no documentation that the IW has failed a trial of oral antiepileptics or antidepressants to support the use of topical analgesics. MTUS, Chronic Pain Topical Analgesics Guidelines, was cited. 12. A request for Lidopro cream, noting there was no documentation of localized peripheral pain and no evidence of trial of first line therapy. Also, topical Lidocaine is supported only as a dermal patch. MTUS, Chronic Pain, Topical Analgesics Guidelines, was cited. 13. A request for Effexor 75mg, quantity not indicated, noting there were no documentation of the IW's current medication list and no documentation if this is a new medication or a refill. No Guidelines were cited. 14. A request for Protonix 20mg quantity 60, noting that there was no documentation of GI complaints, risk factors etc., and no documentation if this is a new medication or a refill. No Guidelines were cited. On 01/08/2015, the injured worker submitted an application for IMR for review of the modified and/or denied requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder orthosis; figure eight design with abduction restrainer and canvas webbing: 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), Posture supports

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Immobilization. Low Back Chapter, Posture Garments.

Decision rationale: Per guidelines, immobilization of the shoulder poses a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". The use of shoulder orthosis or posture garment to improve posture or to treat back pain has not been established. The injured worker complaints of ongoing bilateral shoulder pain, for which treatment has included bilateral Rotator Cuff repair surgery. Documentation fails to provide evidence that immobilization will provide any additional therapeutic benefit for the injured worker's chronic and ongoing symptoms. The request for a Left shoulder Orthosis is not medically necessary.

Form fitting conductive garment for delivery of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Form-fitting TENS device.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Form-fitting TENS device Page(s): 116.

Decision rationale: MTUS states that form-fitting TENS device is only recommended when there is documentation that there is such a large area requiring stimulation that a conventional system cannot accommodate the treatment, and that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a plastered splint (as in treatment for disuse atrophy). Documentation does not indicate that the injured worker has a condition that would prevent the use of a traditional TENS unit. The request for a Form fitting conductive garment for delivery of TENS unit is not medically necessary.

Four lead TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS, chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. When prescribed, a 2-lead unit is generally recommended. Per guidelines, if a 4-lead TENS unit is recommended, there must be additional documentation as to the reason why. Although the injured worker has had chronic persistent back pain, for which multiple treatment modalities had been prescribed, including epidural steroid injections, the use of a back brace, and hot and cold wraps, documentation fails to provide documentation supporting the use of a four-lead TENS unit is recommended. The request for a Four lead TENS unit is not medically necessary.

Lumbar flexible brace: 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), Low back chapter, Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG/ Low Back Chapter, Lumbar supports

Decision rationale: MTUS states that the use of Lumbar supports to treat low back pain has not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per guidelines, lumbar supports may be recommended as an option for compression fractures and specific treatment of spondylolisthesis and documented instability. Long term use of lumbar supports is not recommended. Chart documentation indicates that the injured worker's back brace is worn out. There is no documentation of acute objective findings to justify the continued use of lumbar support to treat the injured work's chronic complaints of back pain. The request for a lumbar flexible brace is not medically necessary.

Kyphosis pad for lumbar brace: 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), Low back chapter, Lumbar supports

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Lumbar supports.

Decision rationale: Per guidelines, the use of Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Lumbar supports may be recommended as an option for compression fractures and specific treatment of spondylolisthesis and documented instability. Long term use of lumbar supports is not recommended. There is no documentation of acute objective findings to justify the continued use of lumbar support to treat

the injured work's chronic complaints of back pain. Subsequently, the request for a kyphosis pad for lumbar brace is not medically necessary.

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg chapter, Knee brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation ODG, Knee Chapter, Knee brace

Decision rationale: Per guidelines, knee braces may be used in treating patients with conditions including Knee instability, ligament insufficiency/deficiency, reconstructed ligament, painful failed total knee arthroplasty and painful unicompartmental osteoarthritis. MTUS goes on to state that braces need to be used in conjunction with a rehabilitation program and that the benefits be more emotional (i.e., increasing the patient's confidence) than medical. The injured worker is diagnosed with Internal Derangement of the knee and complaints of left knee pain. Documentation of the physical examination findings indicates that there is no knee instability. The request for a left knee brace is not medically necessary.

Flexeril 7.5mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation does not indicate acute exacerbation of the injured worker's chronic low back pain that would warrant the use of muscle relaxants. The request for Flexeril 7.5mg quantity 60 is not medically necessary.

Nalfon 400mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. There is no evidence of long-term effectiveness for pain or function. The injured worker complaints of chronic pain in the lower back, shoulders and left knee. Documentation does not show acute exacerbation of symptoms and there is no evidence of significant improvement in physical function. The request for Nalfon 400mg quantity 60 is not medically necessary.

Neurontin 600mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage) associated with post-herpetic neuralgia and diabetic painful polyneuropathy. There are few randomized controlled trials (RCTs) directed at central pain and none for painful radiculopathy. The injured worker complaints of chronic pain in the lower back, shoulders and left knee. Documentation fails to show evidence of diagnoses or objective findings on physical examination, to support that the injured worker's condition meets criteria for use of anti-epileptic drugs. The request for Neurontin 600mg quantity 90 is not medically necessary.

Tramadol ER 150mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 113.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented during treatment. The injured worker complaints of chronic low back pain with no demonstrated improvement in level of function or quality of life, to justify clinical use of opioids. In the absence of significant response to treatment, MTUS guidelines recommend assessment for the likelihood that the patient could be weaned from opioids. Subsequently, the request for Tramadol ER is not medically necessary.

Terocin patches; quantity 10: Upheld

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

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for localized neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further research is needed to recommend the use of these medications for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker complaints of chronic low back, bilateral shoulder and neck pain. There is no documentation of localized neuropathic pain that would fit criteria for the use of topical analgesics. The request for Terocin patches is not medically necessary.

Lidopro cream: Upheld

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

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for localized neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further research is needed to recommend the use of these medications for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker complaints of chronic low back, bilateral shoulder and neck pain. MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Lidopro (Capsaicin) cream patches is not medically necessary.

Effexor 75mg; quantity not indicated: 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 Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The injured worker complaints of chronic low back, bilateral shoulder and neck pain. Documentation of treatment efficacy does not show significant improvement in pain control or level of physical function. The request for Effexor 75mg is not medically necessary.

Protonix 20mg quantity 60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: MTUS recommends the combination of Non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of Aspirin, corticosteroids, and/or an anticoagulant and high dose or multiple NSAIDs. Documentation does not support that the injured worker meets the criteria for use of Proton Pump Inhibitors. The request for Protonix 20mg quantity 60 is not medically necessary.