

Case Number:	CM15-0005988		
Date Assigned:	01/26/2015	Date of Injury:	02/10/1999
Decision Date:	04/20/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

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: Pediatrics, 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 is a 64 year old female, who sustained an industrial injury on 2/10/1999, while working as a secretary. The diagnoses have included chronic cervical spine pain, mild spondylosis C3-C4 to C7-T1, chronic strain bilateral shoulders, status post right shoulder arthroscopy (1/29/2002 and 5/30/2002), status post left shoulder arthroscopy (2000/2001), chronic strain bilateral knees, status post left knee arthroscopy (9/27/2007), fibromyalgia by history, and type 2 diabetes by history. Treatment to date has included surgical interventions and conservative measures. Currently, the injured worker complains of pain to bilateral shoulders, cervical spine, and bilateral knees. Her shoulder pain was intermittent with radiation to the neck area and rated 8/10 VAS. Her cervical spine pain was constant with radiation to the shoulders and rated 5/10 VAS. Bilateral knee pain was constant and rated 7-8/10 in left knee and 5-6/10 in the right knee. She continued to have depression due to level of pain, decreased function, and finances. Gastrointestinal discomfort complaint, unspecified, was noted. Physical exam noted tenderness over the cervical spine, with normal range of motion, and pain and spasm. Tenderness to palpation was noted to bilateral shoulders, with decreased range of motion, and pain and spasm over the deltoids, and trapezius muscles. She noted that pain medication does help reduce pain level and allow for more efficient performance of activities of daily living. The Agreed Medical Examination, performed 4/11/2013, was referenced in the current PR2 report, dated 12/16/2014 and performed 11/04/2014. Treatment plan included referral to psychiatry, refill of patches and batteries for TENS unit, Flector patch 1.3% to affected areas on 12 hours daily, and refill of medications to include Vicodin 5/300mg, Ultram 50mg, and Prilosec 20mg. On

12/29/2014, Utilization Review (UR) non-certified a request for Vicodin 5/300mg #60, Ultram 50mg #60, Prilosec 20mg #30, Flector patches 1.3% #60, and replacement of TENS unit patches and battery. The UR cited MTUS Chronic Pain Medical Treatment Guidelines and ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Opioids - When to Discontinue Opioids Opioids When to Continue Opioids Page(s): 78-80.

Decision rationale: The IW has been on long term opioids which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable at this time.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - When to Discontinue Opioids Opioids When to Continue Opioids Page(s): 79-80.

Decision rationale: With regards to Ultram the IW appears to have been on the medication for some time and there is no notation that she has returned to work or has improved functioning and pain levels which would warrant continuing the medication. MTUS guidelines state that opioids should be discontinued when there is no overall improvement in function, unless there are extenuating circumstances. There are no extenuating circumstances noted in the progress notes. This request is not medically necessary and appropriate at this time.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Use of a PPI (proton pump inhibitor) is to be determined based on risk of adverse GI events. The IW is not noted to have any factors which would put her at elevated risk of a GI event. The medication is not indicated at this time.

Flector patches 1.3% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antiinflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: Topical NSAID's are indicated if systemic NSAID's are not tolerated due to side effects or medication interactions. There is no indication in the records that the IW had intolerance of systemic NSAID's. Additionally, Flector is FDA approved for topical treatment of acute pain due to sprains, strains and contusions. Given that the injury occurred in 1999 this is not acute and the Flector patches are not indicated.

Replacement of TENS unit patches and battery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

Decision rationale: TENS is not recommended as a primary treatment modality, but 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 for neuropathic pain, phantom limb pain, spasticity and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. The IW has none of the conditions as an indication for TENS use and thus the request is not medically reasonable and appropriate at this time.