

Case Number:	CM15-0100688		
Date Assigned:	06/16/2015	Date of Injury:	07/02/2006
Decision Date:	08/21/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63-year-old male, who sustained an industrial injury on 07/02/2006. He reported a lower back injury. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having lumbosacral spondylosis without myelopathy, lumbago, and facet syndrome. Treatment to date has included use of Transcutaneous Electrical Nerve Stimulation Unit with relief of lumbar pain, radiofrequency ablation, and medications. In a progress note dated 04/13/2015, the injured worker presented for a follow up visit and rates pain at 8 out of 10 on pain scale. Objective findings include decreased range of motion of the lumbar spine. The treating physician reported requesting authorization for Transcutaneous Electrical Nerve Stimulation Unit, Lyrica, Norco, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit with 1 visit for instruction use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116-118

Decision rationale: The injured worker sustained a work related injury on 07/02/2006. The medical records provided indicate the diagnosis of lumbosacral spondylosis without myelopathy, lumbago, and facet syndrome. Treatments have included Transcutaneous Electrical Nerve Stimulation Unit with relief of lumbar pain, radiofrequency ablation, and medications. The medical records provided for review do not indicate a medical necessity for 1 TENS unit with 1 visit for instruction use. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. Although the injured worker is reported to have benefited from this form of treatment in the past, the medical records did not provide documentation on how it was used, and the level of benefit. The records do not indicate this treatment would be used as an adjunct to a functional restoration program. Furthermore, the request if for purchase without documented evidence benefit of following a one month rental period, therefore not medically necessary.

1 prescription of Lyrica 75mg #60 with 5 refills: 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 Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The injured worker sustained a work related injury on 07/02/2006. The medical records provided indicate the diagnosis of lumbosacral spondylosis without myelopathy, lumbago, and facet syndrome. Treatments have included Transcutaneous Electrical Nerve Stimulation Unit with relief of lumbar pain, radiofrequency ablation, and medications. The medical records provided for review do not indicate a medical necessity for 1 prescription of Lyrica 75mg #60 with 5 refills. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The antiepileptic drugs have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non-specific axial low back pain. The medical records indicate the injured worker was recently placed on this medication, and had serious adverse effects to its use. Considering the injured worker was being initiated on this medication, it is inappropriate and not medically necessary to prescribe this number of quantity and the requested number of refills without first evaluating the injured worker to determine that the treatment provides the 30-pain reduction recommend by the MTUS. Additionally, if additional record is provided showing the injured worker had been on this medication, such record must show a documentation of 30% pain reduction from the use of the medication.

1 prescription of Norco 10/325mg: 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 Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 07/02/2006. The medical records provided indicate the diagnosis of lumbosacral spondylosis without myelopathy, lumbago, and facet syndrome. Treatments have included Transcutaneous Electrical Nerve Stimulation Unit with relief of lumbar pain, radiofrequency ablation, and medications. The medical records provided for review do not indicate a medical necessity for 1 prescription of Norco 10/325mg. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend long term use of opioids for treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit: if used longer than 6 months, the MTUS recommends assessing pain at each visit, and functioning measured at 6-month intervals using a numerical scale or validated instrument, and comparing with baseline. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on this medication since 2012 with no overall improvement. The injured worker is not properly monitored for activities of daily living, adverse effects, and aberrant behavior.

1 prescription of Ibuprofen 800mg with 3 refills: 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on 07/02/2006. The medical records provided indicate the diagnosis of lumbosacral spondylosis without myelopathy, lumbago, and facet syndrome. Treatments have included Transcutaneous Electrical Nerve Stimulation Unit with relief of lumbar pain, radiofrequency ablation, and medications. The medical records provided for review do not indicate a medical necessity for 1 prescription of Ibuprofen 800mg with 3 refills. Ibuprofen is an NSAID. The MTUS recommends the the lowest dose for the shortest period in patients with moderate to severe pain. The recommended dosing of Ibuprofen is 400mg to 800mg 3-4 times a day. The MTUS states that doses greater than 400 mg have not provided greater relief of pain. The medical records indicate the injured worker has been on this medication at least since 06/2014. There is no evidence the injured worker is being monitored for blood count, kidney and liver function as is recommend by the MTUS for individuals on NSAIDs for some time, therefore not medically necessary.