

Case Number:	CM15-0104570		
Date Assigned:	06/08/2015	Date of Injury:	04/08/2014
Decision Date:	07/09/2015	UR Denial Date:	05/17/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male, who sustained an industrial injury on 04/08/2014. He reported pain behind the calf and left ankle following a fall. Treatment to date has included x-rays, MRI, therapy and medications. According to an orthopedic re-evaluation dated 04/21/2015, the injured worker was ready to go back to work. He had moderate low back pain, moderate left knee pain and moderate left ankle pain. He was no longer in therapy. In some ways, he felt worse. He had been taking 4 to 6 Advil a day. Diagnoses included left posttraumatic Achilles tendon chronic tear, 20% loss of power of the left gastrocnemius and triceps tendon as well as muscle complex, left knee pain secondary to overuse and limp, lumbar pain secondary to limp superimposed on pre-existing degenerative disc disease and degenerative joint disease of L3 through S1 bilaterally, left ankle pain secondary to limp and anxiety and depression. The injured worker was returning back to regular work without restrictions. He was going to use topical creams Ketoprofen, Gabapentin and Tramadol. He was to use Advil or Aleve. If the pain became worse, he was to use Tylenol #3. He was also given a prescription for an X-Force with Solar Care device. Currently under review is the request for Tylenol #3 quantity 90, topical compound creams Ketoprofen, Gabapentin, Tramadol and 1 X-Force with Solar Care device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Medications list Tramadol, Ketoprofen, and Gabapentin. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with functional improvement with plans to return to work. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have functional benefit with plan to return to full work. The Tylenol #3, #90 is medically necessary and appropriate.

Topical compound creams Ketoprofen, Gabapentin, Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, topical; Topical Ketoprofen; Topical Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, opioid and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of these opioid and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The is not medically necessary and appropriate.

1 X-force with Solar Care device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a transcutaneous Electrotherapy Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There are no documented short-term or long-term goals of treatment with the X-Force Solar care unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Unit without previous failed TENS trial. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the therapy treatment already rendered. MTUS guidelines recommend TENS as an option for acute post-operative pain and states TENS is most effective for mild to moderate thoracotomy pain; however, it has been shown to be of lesser effect or not at all effective for other orthopedic surgical procedures not identified here. Additionally, a form-fitting TENS device is only considered medically necessary with clear specific documentation for use of a large area that conventional system cannot accommodate or that the patient has specific medical conditions such as skin pathology that prevents use of traditional system, that demonstrated in this situation. The 1 X-force with Solar Care device is not medically necessary and appropriate.