

Case Number:	CM15-0107232		
Date Assigned:	06/11/2015	Date of Injury:	06/23/2003
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, Michigan

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:

This is a 56 year old male with a June 23, 2003 date of injury. A progress note dated March 30, 2015 documents subjective findings (right knee continues to do poorly and gives out on a daily basis, causing him to fall) and current diagnoses (flap tear, right knee medial meniscus, with some moderate chondromalacia of all three compartments, medial greater than lateral greater than patellofemoral; status post left knee arthroplasty with some persistence of pain and stiffness; chronic regional pain syndrome, left lower extremity; lumbar discopathy). Objective findings were not documented for this encounter. An evaluation by a different physician on April 23, 2015 noted the following objective findings: knee brace noted; swelling over the anterior aspect of the knee; touch allodynia over the pretibial region which extends down to the dorsum of the foot; also touch allodynia over the lateral calf; skin is shiny; no areas of hair on the distal lower extremity; limited range of motion with flexion and extension of the knee and ankle joint. Treatments to date have included left lumbar sympathetic block, aquatic therapy (beneficial), physical therapy, imaging studies, left knee arthroscopy, left total knee arthroplasty, and medications. The treating physician documented a plan of care that included four percutaneous electrical nerve stimulator/neurostimulator treatments over 30 days, Oxycodone, Tizanidine, and three urine drug screens per year.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 percutaneous electrical nerve stimulator/neurostimulator treatments over 30 days:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: Per the MTUS, Percutaneous Electrical Nerve Stimulation is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. (Ghonaime-JAMA, 1999) (Yokoyama, 2004) Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). PENS must be distinguished from acupuncture with electrical stimulation. In PENS the location of stimulation is determined by proximity to the pain. (BlueCross BlueShield, 2004) (Aetna, 2005) This RCT concluded that both PENS and therapeutic exercise for older adults with chronic low back pain significantly reduced pain. A review of the injured workers medical records reveal that he has failed multiple treatment modalities including antidepressants, anti-epilepsy drugs, physical therapy and TENS, A trial of PENS as part of a functional restoration program which includes a home exercise program appears appropriate and is medically necessary.

1 prescription of oxycodone IR 15mg #100: 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): 74-96 (78,89,95).

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes

in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli, it is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal that the injured worker continued to have high levels of pain despite opioid use and he does not appear to be having a satisfactory response to opioid therapy and therefore the continued use of Oxycodone is not medically necessary.

1 prescription of tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity / antispasmodic drugs. Tizanidine Page(s): 66.

Decision rationale: Per the MTUS, Tizanidine is a centrally acting alpha2adrenergic agonist that is FDA approved for management of spasticity: unlabeled use for back pain. One study which was conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and it is recommended as first line option to treat myofascial pain, it may also be beneficial as an adjunct in the treatment of fibromyalgia. A review of the injured workers medical records reveal complaints of ongoing pain without documentation of spasms or spasticity that would warrant deviating from the guidelines. Therefore based on the guidelines and the injured workers clinical presentation the continued use of Tizanidine is not medically necessary.

4 urine drug screens per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine Drug testing.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records did not reveal documentation of risk stratification, also the management of chronic pain is a dynamic process and requires frequent reassessment as determined by the guidelines, there is no way to predetermine how many urine drug screens he is going to need in the future, therefore the request for Four (4) urine drug screens per year is not medically necessary.

