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| Case Number: | CM15-0108225 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 10/22/2014 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 05/29/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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, Hawaii

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 52 year old male, who sustained an industrial injury on 10/22/14. The injured worker has complaints of lower back pain, stiffness, muscle spasms, leg pain and neck pain/stiffness. The documentation noted that the injured worker had low of motion lumbar spine and had positive straight leg raise. The diagnoses have included lumbar sprain/strain; lumbar region and lumbar myospasm. Treatment to date has included X-rays; manipulation; myofascial release; electric stimulation; H-wave and range of motion exercises; ultrasound; massage therapy; ice and heat. The request was for norco 10/325mg #60; tramadol extended release 150mg #30 and four lead transcutaneous electrical nerve stimulation unit quantity one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #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 Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back, bilateral legs, and neck. The current request is for Norco 10/325 mg #60. The treating physician report dated 5/12/15(158B) states, "He has a lot of question(s) about medication. He takes medication as needed. He suffered quit (e) a few side effects from medications, I suggested that he adjust the dose". MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 1/23/15 (55B). The report dated 5/12/15 does not note the patient's pain level while on current medication. The patient noted that he experienced quite a few side effects while taking the medication. There is no evidence in the current medical reports provided for review that show the patient's ADL's have improved with current medication. In this case, all four of the required A's are not addressed, the patients pain level has not been monitored upon each visit and functional improvement has not been documented. The current request is not medically necessary.

Tramadol ER 150 mg #30: Overturned

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 Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back, bilateral legs, and neck. The current request is for Tramadol ER 150mg #30. The treating physician report dated 5/12/15 (158B) states, "Please kindly authorize medications for next visit including, tramadol ER 150 mg (#30) for pain". The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The medical records provided, do not show a history of Tramadol use. The 5/12/15 report notes that the treating physician is prescribing Tramadol for the patient's moderate-to-severe pain. In this case, the patient is being initiated on a new trial of tramadol and the MTUS guidelines support a trial of opioids. The request is medically necessary.

Four lead TENS unit Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: The patient presents with pain affecting the low back, bilateral legs, and neck. The current request is for Four lead TENS unit QTY: 1. The treating physician report dated 5/12/15 (158B) states, "We are also requesting for, TENS unit with conductive garment for the low back so he can use in conjunction with home exercise, stretching and strengthening." Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit for a one month trial as indicated by MTUS. Furthermore, while a one month trial would be reasonable and within the MTUS guidelines, there is no indication of a designated time period the TENS unit would be used for therapeutic use. Additionally, the purchase of a TENS unit without documentation of functional improvement after a 30-day a trial is not supported. The current request does not satisfy MTUS guidelines as outlined on page 114. The current request is not medically necessary.