

Case Number:	CM15-0131019		
Date Assigned:	07/21/2015	Date of Injury:	09/04/2014
Decision Date:	10/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 68 year old male patient who sustained an industrial injury on 09/04/2014. The employee was working as a warehouseman in a correctional facility. A primary treating office visit dated 01/05/2015 reported the patient with subjective complaint of having persistent pain in neck, back and shoulders with radiation down bilateral upper extremities. Functional limitations are noted unchanged. The following diagnoses were applied: cervical sprain/strain with bilateral radiculitis; thoracic sprain/strain and myofascial pain; lumbosacral sprain/strain, and shoulder sprain/strain with impingement. The plan of care noted the patient to return to a modified work duty or remain temporarily totally disabled if there is no modified work available. The initial report of illness dated 12/09/2014 reported no change in the treating diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of use of Tramadol leading up to this request, however, there was insufficient documentation found which showed this full review regarding tramadol was completed. In particular, there was no recent specific report of how tramadol reduced pain levels and increased function with its ongoing use, independent of other therapies, to help justify its continuation. Therefore, the Tramadol will be considered medically unnecessary until this is provided for review. Weaning may be indicated.

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS & GI Symptoms & cardiovascular risk, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk, pp. 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, use of moderate doses of NSAIDs was seen in the record for chronic neck, back, arm and shoulder pain. Considering the age of the worker, stomach protection is warranted, although still carries risk. However, using Protonix 20 mg twice daily may be not typical, the total daily dose is within acceptable limits, and in the opinion of this reviewer, is medically necessary. Reconsideration of the worker's NSAID use, however, is recommended which carries significant long-term risks, which if discontinued, would negate the need for Protonix as well.

Four Lead TENS Unit QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, pp. 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, include 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was a recent request for a TENS unit with four leads, presumed for purchase. However, there was evidence of the worker having trialed this type of unit first and it being successful with home use, which is required before consideration for purchase can be made. Also, the four leads were not justified in the notes. Therefore, the TENS with four leads will be considered medically unnecessary at this time.

Conductive Garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, pp. 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, include 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was no record of having trialed TENS successfully, and therefore, the purchase of the TENS would be considered medically unnecessary without this evidence of benefit, and any other accessories, such as the conductive garment, would also be considered medically unnecessary.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there were insufficient subjective reports of lower extremity symptoms or physical findings to suggest any nerve impingement to warrant clarification with lower extremity nerve testing. Therefore, the request for lower extremity EMG and NCV will both be considered medically unnecessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no evidence to suggest acute on chronic muscle spasm to warrant a short duration of Flexeril use. Also, this request for 60 pills suggests this request for intended for chronic use, which is not recommended for this drug type. Therefore, considering the above reasons, the Flexeril will be considered medically unnecessary.

Hot & Cold Wrap QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, 2012 on the web, www.odgtreatment.com, Work Loss Data Institute, Cold/heat packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, Heat therapy, Cold/heat packs.

Decision rationale: The MTUS ACOEM Guidelines are not specific as to whether or not heat therapy is appropriate for long-term use, but does mention it as an acceptable and essentially harmless conservative method to treat acute low back pain, or any other muscle pain (typically

up to 2 weeks). The ODG recommends heat therapy as an option for low back pain, as it has been shown to reduce pain (although small and short-term) and increase function, especially when used during exercise during recovery from musculoskeletal injuries. However, for this treatment method to be justified for continuation, the patient needs to exhibit or report improvements in function and pain-relief attributable to its use. The MTUS ACOEM Guidelines also state that for low back injuries/pain, at home applications of cold are as effective as those performed by therapists. The ODG states that cold packs are recommended as an option for acute pain (first few days after injury). In the case of this worker, there was no evidence to suggest an acute flare-up of pain had occurred to justify short-term treatments such as hot or cold therapy. Although heat and cold are both safe and may be helpful at relieving pain temporarily, there is no explanation as to why other simpler methods of applying heat and cold were not sufficient to require special purchase of a hot and cold wrap. Therefore, this request will be considered medically unnecessary at this time.