

Case Number:	CM15-0135510		
Date Assigned:	07/23/2015	Date of Injury:	02/12/2014
Decision Date:	09/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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, Massachusetts

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 45-year-old male who sustained an industrial/work injury on 2/12/14. He reported an initial complaint of knee pain. The injured worker was diagnosed as having internal derangement of left knee, s/p meniscectomy. Treatment to date includes medication, surgery (left knee arthroplasty with partial lateral meniscectomy and excision of plica on 5/8/14, physical therapy, cortisone injection, bracing, and home exercise program. Currently, the injured worker complained of persistent left knee pain that limited ambulation with popping and clicking along with instability. There was also pain in the calf and bottom of toes on the left side. Per the primary physician's report (PR-2) on 6/16/15, exam noted ability to stand on toes and heels weakly, squat less than half way, able to stand on left foot but cannot hop, full extension bilaterally and flexion about 140 degrees on the right and 125 degrees on the left, mild laxity, anterior drawer 1+ on the left, positive tenderness along the inner and outer joint lines as well as medial and lateral joint line, McMurray is positive medially and negative laterally on the left. Current plan of care included knee surgery, medication, and TENS unit. The requested treatments include Amadol ER (extended release) 150mg, Flexeril 7.5mg, Protonix 20mg, TENS (transcutaneous electrical nerve stimulation) unit, 4 lead (purchase), left knee, and conductive garment, left knee.

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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: The CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Additionally, there is no mention of routine screening with UDS or screening for adverse drug effects with long-term use of opioids. Consequently, continued use of long-acting opioids is not medically necessary and not supported by the medical records and guidelines.

Flexeril 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: According to the CA MTUS guidelines anti-spasmodic agents such as the prescribed medication are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long- term chronic use of muscle relaxants as being clinically necessary at this time. Therefore, the request is not medically necessary.

Protonix 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms Page(s): 68.

Decision rationale: According to the medical records reviewed, there is evidence of medication related gastritis documented in the clinic record for which the patient is taking Protonix with good clinical success. The CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommended that it be used at the lowest dose for the shortest possible amount of time and to start with a first line generic agent such as omeprazole. I did not see documentation of an initial trial of a first line agent prior to starting a second line medication such as Protonix. Considering lack of documented necessity, the medication does not appear to be clinically necessary at this time. Therefore, the request is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit, 4 lead (purchase), Left Knee:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: According to MTUS guidelines, "TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for. . . chronic intractable pain." Criteria for use include: Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The current request is for a TENS unit and not for an initial one month trial. Additionally it appears from the clinic record on 3/3/15 that the patient has been receiving TENS treatment suggesting that they already have a TENS unit in operation. In either case considering there has not been a one-month trial to determine the efficacy of this treatment, the purchase of a unit for the left knee is not clinically supported at this time. Therefore, the request is not medically necessary.

Conductive garment, Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.