

<b>Case Number:</b>	CM15-0141244		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	12/08/2005
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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:

The injured worker is a male, who is 48 years old, with a reported date of injury of 12-08-2005. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include abdominal pain, history of stomach ulcers, acid reflux, constipation and diarrhea, bright red blood per rectum, status post right knee lateral meniscus repair, chondromalacia and chondroplasty of the patella, secondary overuse syndrome of the left knee with residual medial meniscus tear, lumbar herniated nucleus pulposus with degeneration and herniated discs, status post lumbar decompression and fusion, chondromalacia of the right patella, and status post lumbar hardware removal with solid fusion. Treatments and evaluation to date have included lumbar spine surgery, right knee surgery, oral medications, and topical pain medication. According to the agreed medical re-examination report dated 11-18-2014, the diagnostic studies to date have included an MRI of the right knee on 04-03-2008 which showed sprain of the anterior cruciate ligament, a mild degree of fluid in the knee joint, a subchondral cyst, and chondromalacia patellae and subchondral cyst formation in the patella; an MR Arthrogram of the right knee on 04-03-2008; an MRI of the left knee on 02-24-2009 which showed a mild degree of fluid within the knee joint, a 5mm collapsed Baker's cyst medial to the medial gastrocnemius; an MRI of the right knee on 02-24-2009 and 04-02-2013; a right knee Arthrogram on 10-14-2009 and 04-09-2013; x-rays of the lumbar spine which showed fusion mass consolidating bilaterally, degenerative disc disease and disc collapse at L3 through L5; a CT scan of the lumbar spine on 02-27-2012 and 04-02-2013; an MRI of the left on 04-02-2013; and electrodiagnostic

studies of the bilateral lower extremities on 05-20-2011 which showed bilateral L5 radiculopathy. The comprehensive orthopedic re-evaluation dated 06/24/2015 indicates that the injured worker had severe low back pain and severe right knee pain. It was noted that he was not working. An examination of the upper and lower back showed positive bilateral lying straight leg raise test. An examination of the knee showed normal bilateral knee extension and flexion. The medical records included three urine toxicology reports dated 08/18/2014, 11/06/2014, and 11/10/2014. The toxicology report dated 11/10/2014 was positive for Tramadol. The treating physician requested X-force stimulator with solar care for the lumbar spine and knees, pain management consultation and treatment for medication management for the lumbar spine and knees, Tramadol, and Prilosec.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **X-Force Stimulator with Solar Care - lumbar spine & knees: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The CA MTUS Guidelines indicate that electrotherapy is the therapeutic use of electricity and is another mode that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy in which electrical stimulation is applied to the surface of the skin. X-force stimulator unit is a TENS (transcutaneous electrical nerve stimulation) unit. A TENS unit is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a non-invasive conservative option, if it's used in addition to a program of evidence-based functional restoration. The guidelines state that a home-based treatment trial of month may be appropriate for neuropathic pain, complex regional pain syndrome (CRPS) II, and for CRPS I. The injured worker has a longstanding history of chronic intractable pain and would benefit from the use of a TENS unit, a trial is appropriate. Therefore, the request for x-force stimulator unit is medically necessary.

#### **Pain management consultation and treatment for medication management - lumbar spine / knees: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Per the MTUS/ American College of Occupation and Environmental Medicine recommendations a "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such

as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." A review of the injured workers medical records reveal a protracted course of injury and delayed recovery, an evaluation by a pain management specialist is appropriate, therefore the request for Pain management consultation and treatment for medication management - lumbar spine / knees is medically necessary.

**Tramadol 150mg #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, Tramadol Page(s): 74-96, 113.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. The injured worker has been taking Tramadol since at least 08-18-2014. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. Tramadol may also produce life-threatening serotonin syndrome. There is no documentation that the injured worker has been taking any of these medications. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There is evidence that the injured worker had random drug testing in the past; however, none of the other aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. There was no documentation of improvement in specific activities of daily living as a result of use of Tramadol. Therefore, the request for Tramadol is not medically necessary.

**Prilosec 20mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

**Decision rationale:** The CA MTUS does not address proton pump inhibitors. The Non-MTUS Official Disability Guidelines indicate that proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal events. There is documentation that the injured worker had a history of gastrointestinal (GI) signs and symptoms. He was advised to avoid NSAIDs (non-steroidal anti-inflammatory drugs). The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric

infections, and fractures; hypergastrinemia (excess gastrin in the blood), and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been taking Prilosec since at least 10/06/2014. The request does not exceed guideline recommendation. Therefore, the request for Prilosec is medically necessary.