

Case Number:	CM15-0189175		
Date Assigned:	10/01/2015	Date of Injury:	04/02/2013
Decision Date:	12/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

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 53 year old male who sustained an industrial injury April 2, 2013. Past history included diabetes and right knee surgery, 2014. According to a treating physician's progress report dated August 20, 2015, the injured worker presented with complaints of pain in the neck with stiffness, headaches, shoulder pain, radiating arm pain, arm-hand tingling and numbness, low back pain and radiating pain down both legs. He rated his pain 8 out of 10 and reported experiencing the pain 100% of the time since April 2, 2013. He also reports he has pain and or difficulties performing activities; personal care, lifting, working, driving, sleeping, recreation, walking, sitting ,standing, job performance and maintaining relationships. Current medication included Latanoprost, Lantus, and Glipizide. Physical examination included; blood pressure 154-87, pulse 92; height 71 inches and weighs 186 pounds. The physician noted the injured worker had noted over the past week an increased burning severe pain over the left chest wall region. He noted herpes zoster of the left thoracic dermatome and will refer to primary care for treatment. No further physical examination is documented for this service date. Treatment plan included recommendation for acupuncture and a psychological evaluation for cognitive behavioral therapy. At issue, is the request for authorization for Tramadol, Quazepam (both medications prescribed July 30, 2015) Acupuncture and a TENS (transcutaneous electrical nerve stimulation) unit. A drug screen report dated August 18, 2015, is present in the medical record and documented as consistent. According to utilization review dated September 11, 2015, the requests for Tramadol 150mg ER #30, Quazepam 15mg #30, Acupuncture 2 x 3, and a TENS unit were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg ER #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

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 some evidence of this worker using tramadol ER prior to this request, although it was not exactly clear in the notes provided how effective it was at reducing pain and improving function. Also, side effects and goals were not discussed. Therefore, considering the lack of sufficient information regarding a complete review of this opioid in recent notes to show appropriateness and benefit with prior use, this request is not medically necessary.

Quazepam 15 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was some evidence of previous use of quazepam, however, there was no mention of how long it was used and how effective it was at improving sleep. Regardless, ongoing use of this medication is not recommended and there was insufficient evidence that other methods of improving sleep had been trialed prior to consideration of using this medication. Therefore, this request for Quazepam is not medically necessary.

Acupuncture 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, upon learning of ongoing chronic pain, the provider offered a prescription for acupuncture (x6 sessions). However, there was no goal set or baseline functional capacity mentioned or current physical exercise/physical therapy reported to help set the stage for appropriateness of this request. Without this information in the documentation, this request for acupuncture is not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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, includes: 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 or report provided to show a successful trial of TENS to warrant a purchase of TENS. Also, there was no baseline functional capacity or mention of physical therapy/physical exercise to precede any trial of TENS. Therefore, this request for TENS unit is not medically necessary.