MAXIMUS Federal Services

Case Number:	CM15-0201166		
Date Assigned:	10/16/2015	Date of Injury:	02/07/1991
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 60 year old male who sustained an industrial injury on 2-7-91. A review of the medical records indicates he is undergoing treatment for status post work-related back injury 2-7-91, status post L4-5 and L5-S1 discectomy and laminectomy in 1991 and 1992 with failed back surgery syndrome, chronic low back pain with right radicular pain, right sacroiliac joint dysfunction, and chronic pain syndrome. Medical records (9-10-15) indicate going complaints of low back pain. He rates the pain "6 out of 10" without medications and "3 out of 10" with medications. The treating provider indicates that the injured worker had been treated by "multiple physicians" with medications, physical therapy, and a TENS unit. The report indicates that he used a home TENS unit "for 20 years", but that the unit broke. A new unit was requested on 3-26-15. The report also indicates that his previous treating provider "gave him Norco and Flexeril for years but discharged him" as the provider "considered him addicted to opiates". The records indicate that the previous provider began weaning him off Norco on 2-18-14 and the injured worker disagreed with the plan and "conclude that he would find a new treating physician". After eight months of searching for a new provider, his attorney referred him to the present treating provider. On 7-21-14, he was given Norco and Methadone. The Methadone was replaced on 12-11-14 with Ultram 50mg twice daily as needed. On 9-10-15, the injured worker requested renewal of Ultram, as well as Neurontin, which he indicated that "reduced his pain and improved his function". The physical exam (9-10-15) reveals "no acute distress" but "some anxiety". He was noted to have a "slight" antalgic gait. He was unable to tiptoe or heel walk due to low back pain and deconditioning. Decreased range of motion was

noted in the lumbar spine due to pain. Straight leg raise test was positive on the right. Muscle strength was noted to be "5 out of 5" in bilateral lower limbs. Tenderness to palpation was noted in the lower lumbar paraspinal muscle and the right sacroiliac joint without muscle spasm. The treatment plan includes pending authorization for a new home TENS unit "for his chronic back pain and to help him reduce or wean off Ultram", a renewal of Ultram 50mg once to twice daily as needed, a renewal of Neurontin, encouragement to "try to reduce Ultram as much as he can", continued home exercise, and the consideration of physical therapy and lumbar epidural injections, which the injured worker declined. The utilization review (9-23-15) includes requests for authorization of a home TENS unit, and one prescription of Ultram 50mg #60. The TENS unit was denied. Ultram was modified to a quantity of 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS (transcutaneous electrical nerve stimulation) unit: Upheld

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

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

Decision rationale: According to CA MTUS/ACOEM Chronic Pain Medical Treatment Guidelines a TENS unit maybe indicated for chronic intractable pain for neuropathic pain, CRPS II and spasticity. 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. In this case it is noted that the injured worker has used a TENS unit for 20 years, but there is no documentation of functional improvement. Therefore the request has not met the criteria set forth in the guidelines and is not medically necessary.

Ultram 50 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. It also states that a major concern about the use of opioids for chronic pain is that most randomized-controlled trials are limited to a short-term period (1 to 6 months), with high rates of dropout due to adverse effects and/or lack of efficacy (as high as 60%). Studies usually exclude patients with mental health disease or substance abuse, limiting generalizability. Methodological issues result in limitations, with problems of studies including insufficiently comprehensive outcome assessment, and incomplete inclusion of adverse effects. Results suggest modest pain relief compared to placebo (approximately 30%), but there are no long-term studies to determine if pain relief is maintained. Overall, the safety of long-term use has not been adequately studied, and some nonrandomized prospective studies suggest opioid treatment may actually retard functional recovery. This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/10/15. The request does not meet the criteria set forth in the guidelines and is therefore not medically necessary.