

Case Number:	CM15-0210119		
Date Assigned:	10/29/2015	Date of Injury:	07/15/2003
Decision Date:	12/14/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old woman sustained an industrial injury on 7-15-2003. Diagnoses include knee pain, lumbar sprain-strain, peripheral neuropathy, and depression. Treatment has included oral and topical medications and TENS unit therapy for home use. Physician notes dated 6-2-2015 show complaints of low back pain and right knee pain rated 4 out of 10. The worker states that medications and TENS unit therapy have helped. The physical examination shows tenderness to palpation of an unidentified area with an antalgic gait and without edema. Recommendations include Norco, Voltaren gel, TENS patches, stay active, and follow up in three months. Utilization Review denied requests for TENS patches, Norco, and Voltaren gel on 9-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches x 2 pairs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the 09/01/15 progress report provided by treating physician, the patient presents with pain to low back and right knee. The patient is status post amputated right lower extremity below the knee due to post-operative infection, on unspecified dated. The request is for TENS PATCHES X 2 PAIRS. Patient's diagnosis per Request for Authorization form dated 09/01/15 includes knee pain, lumbar sprain/strain, peripheral neuropathy, and major depression not specified. The patient has an antalgic gait. Physical examination to the bilateral knees on 09/18/15 revealed tenderness, crepitation and pain on range of motion. Treatment to date has included surgery, TENS, home exercise program and medications. Patient's medications include Norco, MS Contin and Trazadone. The patient is temporarily disabled and remains off-work, per 09/01/15 report. MTUS, Transcutaneous Electrotherapy section page 116, Criteria For The Use Of TENS section requires: (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. Per 03/03/15 report, treater states that "...TENS helps with pain." The patient is to continue with TENS, per 09/01/15 report. MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. In this case, the patient presents with an amputated limb and has been utilizing TENS with benefit. The request for TENS patches to treat patient's phantom pain appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Norco 10/325mg #60: 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).

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

Decision rationale: Based on the 09/01/15 progress report provided by treating physician, the patient presents with pain to low back and right knee. The patient is status post amputated right lower extremity below the knee due to post-operative infection, on unspecified dated. The request is for NORCO 10/325MG #60. Patient's diagnosis per Request for Authorization form dated 09/01/15 includes knee pain, lumbar sprain/strain, peripheral neuropathy, and major depression not specified. The patient has an antalgic gait. Physical examination to the bilateral knees on 09/18/15 revealed tenderness, crepitation and pain on range of motion. Treatment to date has included surgery, TENS, home exercise program and medications. Patient's medications include Norco, MS Contin and Trazadone. The patient is temporarily disabled and remains off-work, per 09/01/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section,

pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications per progress reports dated 05/21/15, 07/31/15, and 09/18/15. It is not known when this medication was initiated. Per 09/18/15 report, treater states that patient's low back pain is rated 8/10 and "She is taking her medications as directed which are helping." In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no before and after pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Voltaren gel 1%: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the 09/01/15 progress report provided by treating physician, the patient presents with pain to low back and right knee. The patient is status post amputated right lower extremity below the knee due to post-operative infection, on unspecified dated. The request is for VOLTAREN GEL 1%. Patient's diagnosis per Request for Authorization form dated 09/01/15 includes knee pain, lumbar sprain/strain, peripheral neuropathy, and major depression not specified. The patient has an antalgic gait. Physical examination to the bilateral knees on 09/18/15 revealed tenderness, crepitation and pain on range of motion. Treatment to date has included surgery, TENS, home exercise program and medications. Patient's medications include Norco, MS Contin and Trazadone. The patient is temporarily disabled and remains off-work, per 09/01/15 report. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a

diminishing effect over another 2-week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder."Treater has not provided reason for the request. It appears this topical is being initiated. Diagnosis on 09/18/15 included arthralgia of knee, chronic pain syndrome, symptomatic degenerative arthritis involving knee, and unspecified internal derangement of knee. MTUS guidelines support topical NSAIDs such as Voltaren gel for complaints of this nature. This patient has failed conservative care and continues with pain. Given this patient's diagnosis and chief complaint of peripheral joint pain unresolved by conservative measures, a trial of Voltaren gel appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.