

Case Number:	CM15-0030221		
Date Assigned:	02/23/2015	Date of Injury:	03/11/2010
Decision Date:	07/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/18/2015

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, Pain Management

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 68-year-old male, who sustained an industrial injury on 03/11/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar facet syndrome, low back pain, lumbar region sprain, and lumbar spinal degenerative disc disease. Treatment and diagnostic studies to date has included medication regimen, laboratory studies, magnetic resonance imaging of the lumbar spine, lumbar epidural steroid injections, chiropractic therapy, and electromyogram with nerve conduction study of the bilateral lower extremities. In a progress note dated 01/27/2015 the treating physician reports complaints of back pain that radiates to the bilateral lower extremities. Examination reveals an antalgic gait, straitening of the lumbar spine, restricted range of motion of the lumbar spine, hypertonicity, tenderness, and spasms to the paravertebral muscles, tenderness to the sacroiliac spine, decreased sensation over the lateral foot and toes on the right foot and patchy distribution on the left side, and bilateral positive straight leg raises. The injured worker's recent medication regimen included Dilaudid, Enteric Coated Aspirin, Famotidine, and Tassigna. The injured worker's pain level is rated a 5 on a scale of 1 to 10 with his medication regimen and is rated an 8 on a scale of 1 to 10 without his medication regimen. The treating physician notes that the injured worker has been without his medication regimen for approximately a month and has had a decrease in his activity level secondary to a high level of uncontrolled pain. The treating physician also notes that the injured worker is able to complete activities of daily living independently with use of the medication Dilaudid with the low back and leg pain fairly controlled with use of this medication. The treating physician

requested a 30-day trial of a conventional two lead transcutaneous electrical nerve stimulation unit for flare-ups in low back pain, to decrease myofascial tenderness, and to avoid medication regimen escalation. The treating physician also requested the medication regimen of Dilaudid 2mg with a quantity of 60 for breakthrough pain noting that it is helpful with severe pain and reduces the pain from 8 out of 10 to 4 out of 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a therapeutic trial of Opioids, Opioids: Initiating Therapy, Opioids: On-going management, CURES, Opioids, dosing, Opioids for chronic pain, When to continue Opioids, Opioids, specific drug list, Opioid weaning, Drug testing Page(s): 43, 74, 76-78, 80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Dilaudid, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement) and no discussion regarding appropriate medication usage/aberrant behavior. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Dilaudid is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (Transcutaneous electrical nerve stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a 30-day TENS unit trial. While a trial may be appropriate, there is, unfortunately, no provision for modification of the current request to allow for a trial. In light of the above issues, the currently requested TENS unit is not medically necessary.