

Case Number:	CM15-0030508		
Date Assigned:	02/24/2015	Date of Injury:	10/04/2013
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
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

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 57-year-old male, who sustained an industrial injury on 10/4/2013. The diagnoses have included lumbar spondylosis without myelopathy, low back pain, chronic pain due to trauma, myalgia and myositis. Treatment to date has included a lumbar trigger point injection and medication. According to the Primary Treating Physician's Progress Report dated 1/19/2015, the injured worker complained of back pain. The pain radiated to the lower back and right leg. The pain was described as persistent and severe. Symptoms were relieved by heat, ice, massage, stretching, rest and Transcutaneous Electrical Nerve Stimulation (TENS). The injured worker was noted to have had a recent lumbar epidural steroid injection (ESI) with a 15% reduction in referenced pain. The injured worker reported the pain without medications to be 9/10. Physical exam revealed lumbar spasm and tenderness. Authorization was requested for Tizanidine HCL, Prednisone, Etodolac, Naproxen and Tramadol HCL. It was noted that the injured worker had been using ice/heat and Transcutaneous Electrical Nerve Stimulation (TENS). The injured worker reported a reasonable benefit of pain relief over his low back when using the Transcutaneous Electrical Nerve Stimulation (TENS); authorization was requested for permanent use. On 1/30/2015, Utilization Review (UR) non-certified requests for Tramadol HCL 50mg #20, Prednisone 10mg one pack, Etodolac 500mg #60 and a Transcutaneous Electrical Nerve Stimulation (TENS) unit purchase. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: According to the 01/19/2015 report, this patient presents with persistent low back pain that radiates to the right leg. The current request is for Tramadol HCL 50mg #20. The patient indicates that the "symptoms are aggravated by bending, changing positions, daily activities, defecation, jumping, lifting and running. Symptoms are relieved by heat, ice, massage, stretching, rest and TENS." The request for authorization is not included in the file for review. The patient's work status is "NA." For chronic opiate use, MTUS Guidelines 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 page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. According to the records made available for review, this medication was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. Per 01/19/2015 report, patient's pain in the last month is a 9/10 on average, pain without medications is at a 9/10. The patient indicated "pain has interfered with their daily activities using a scale; pain is at a level of 5." The American Quality of Life Scale was administered to the patient, with the following result "With medications the patient is able to: work/volunteer for a few hours daily. Can be active at least five hours a day. Can make plans to do simple activities on weekends." Per 12/02/2014 report, the patient's rated pain with medications as a 3/10 and without medications as a 6/10. In this case, the reports show documentation of pain assessment using a numerical scale describing the patient's pain. ADL's are mentioned as above but with documentation of functional improvement. However, the treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function, which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document analgesia, ADL's, adverse effects and adverse behavior as required by MTUS. The request IS NOT medically necessary.

Prednisone 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Oral corticosteroids.

Decision rationale: According to the 01/19/2015 report, this patient presents with persistent low back pain that radiates to the right leg. The current request is for Prednisone 10mg but the request for authorization containing the request is not included in the file for review. Regarding Oral corticosteroids, Official Disability Guidelines states "Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)" In this case, the patient does not present with an "acute radicular pain" to warrant the use of this medication; therefore, the request IS NOT medically necessary.

Etodolac 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: According to the 01/19/2015 report, this patient presents with persistent low back pain that radiates to the right leg. The current request is for Etodolac 500mg #60. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In reviewing the provided reports, Etodolac first noted in the 12/02/2014 report; it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. The request IS NOT medically necessary.

TENS Unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 01/19/2015 report, this patient presents with persistent low back pain that radiates to the right leg. The current request is for TENS unit purchase. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the provided medical records shows that the patient has neuropathic pain and there is no indication that the patient has trialed a one-month rental. However, the treating physician document that the patient's "symptoms are relieved by heat, ice, massage, stretching, rest and TENS." In this case, the

requested purchase TENS unit is not supported by the MTUS as there is not documentation of a one month trial of the unit as required by the guidelines. Therefore, the request IS NOT medically necessary.