

Case Number:	CM15-0031410		
Date Assigned:	02/24/2015	Date of Injury:	10/02/2012
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 55 year old male, who sustained an industrial injury on 10/02/2012. The diagnoses have included right knee medial meniscus tear, right ankle avascular necrosis, left knee ID, reactionary depression/anxiety, medication induced gastritis, and left hip sprain/strain. Treatment to date has included physical therapy and medications. Currently, the IW complains of foot drop from lumbar pain and right knee pain. Objective findings are not documented on the most recent progress report. On 2/06/2015, Utilization Review non-certified a request for IF/TENS unit combo times one month rental (electrodes x 2 packs, batteries x 2, setup and delivery), TPI x 4 (DOS 12/16/2014), Prilosec 20mg #30 (DOS 12/16/2014), Norco 10/325mg #90, TENS unit one month rental, Prilosec 20mg #30 (DOS 1/23/2015) and Norco 10/325mg #90 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ACOEM Guidelines and ODG were cited. On 2/19/2015, the injured worker submitted an application for IMR for review of IF/TENS unit combo times one month rental (electrodes x 2 packs, batteries x 2, setup and delivery), TPI x 4 (DOS 12/16/2014), Prilosec 20mg #30 (DOS 12/16/2014), Norco 10/325mg #90, TENS unit one month rental, Prilosec 20mg #30 (DOS 1/23/2015) and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF/TENS Unit Combo x1 Month rental, Electrodes x2, Batteries x 2, Set up, and delivery:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS Unit.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential/TENS combination, one month rental, electrodes times two, batteries times two, set up and delivery not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post-operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are right knee medial meniscal tear; right ankle avascular necrosis; left knee internal derangement secondary to right knee medial meniscal tear and right ankle avascular necrosis; reactionary depression/anxiety secondary to stress at work; medication induced gastritis; left hip sprain/strain; non-insulin-dependent diabetes mellitus. The documentation indicates the physical therapist strongly recommends the use of ICS/TENS combination unit for foot drop secondary low back pain and knee pain. This etiology of foot drop promulgated by the treating physician is unclear and this treatment is, subsequently, unclear based on the physical therapist recommendation for the ICS/TENS combination unit. The treatment location is unclear. The most common cause of foot drop is compression of a nerve in the leg that controls the muscles involved in lifting the foot. Other less common causes involving nerve injury in patients with diabetes mellitus who more susceptible to nerve disorders. The criteria for TENS unit includes evidence that other appropriate pain modalities (such as physical therapy) have been tried and failed. The treating physician states the injured worker has

never had physical therapy and then contradicts him in the same progress note dated December 16, 2014 that he is requesting physical therapy for the first time. The treating physician did not submit specific short and long-term goals for TENS use. It is unclear whether the injured worker had prior physical therapy with an affirmative response to physical therapy. The physical therapist recommended the combination ICS/TENS for treatment of foot drop secondary to low back pain and knee pain. The cause of the foot drop is not documented in the medical record. There are no short-term or long-term goals for TENS submitted in the medical record. Constantly, absent clinical documentation with an appropriate clinical indication for ICS/TENS combination unit with the appropriate criteria (enumerated above) as a prerequisite to a TENS trial, Interferential/TENS combination, one month rental, electrodes times two, batteries times two, set up and delivery not medically necessary.

Retrospective: TPI (Trigger point Injections) x 4 (DOS 12/16/2014): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective trigger point injections times #4 date of service December 16, 2014 are medically necessary. Trigger point injections are not recommended in the of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicalgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three, four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are right knee medial meniscal tear; right ankle avascular necrosis; left knee internal derangement secondary to right knee medial meniscal tear and right ankle avascular necrosis; reactionary depression/anxiety secondary to stress at work; medication induced gastritis; left hip sprain/strain; non-insulin-dependent diabetes mellitus. The documentation properly indicates numerous trigger points on or about the lumbar spine musculature. There is no radiculopathy on physical examination and no prior TPIs noted in the medical record for comparison. Consequently, the injured worker met the criteria enumerated in the official disability guidelines

and chronic pain management guidelines, retrospective trigger point injections times #4 date of service December 16, 2014 are medically necessary.

Retrospective: Prilosec 20mg #60 (DOS 12/16/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Prilosec 20 mg #60 date of service December 16, 2014 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are right knee medial meniscal tear; right ankle avascular necrosis; left knee internal derangement secondary to right knee medial meniscal tear and right ankle avascular necrosis; reactionary depression/anxiety secondary to stress at work; medication induced gastritis; left hip sprain/strain; non-insulin-dependent diabetes mellitus. The documentation indicates the injured worker as non-steroidal anti-inflammatory induced gastritis. A proton pump inhibitor is indicated for the treatment of non-steroidal anti-inflammatory induced gastritis. The treating physician requested Prilosec 20 mg #60. This translates into Prilosec 20 mg b.i.d. Prilosec 20 mg is indicated for once per day dosing. Consequently, absent clinical documentation with the appropriate dosing schedule of Prilosec 20 mg per day, retrospective Prilosec 20 mg #60 date of service December 16, 2014 is not medically necessary.

Norco 10/325mg #90 (prescription written 12/16/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 date of service December 16, 2014 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured

worker's working diagnoses are right knee medial meniscal tear; right ankle avascular necrosis; left knee internal derangement secondary to right knee medial meniscal tear and right ankle avascular necrosis; reactionary depression/anxiety secondary to stress at work; medication induced gastritis; left hip sprain/strain; non-insulin-dependent diabetes mellitus. The documentation indicates Norco was prescribed as far back as June 4, 2013. There is no documentation indicating objective functional improvement with the ongoing long-term use of Norco. There are no detailed pain assessments records. There are no risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement in the absence of detail pain assessments and risk assessments to support ongoing long-term Norco, Norco 10/325 mg #90 date of service December 16, 2014 is not medically necessary.

TENS Unit, 1 month rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit one month rental is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are right knee medial meniscal tear; right ankle avascular necrosis; left knee internal derangement secondary to right knee medial meniscal tear and right ankle avascular necrosis; reactionary depression/anxiety secondary to stress at work; medication induced gastritis; left hip sprain/strain; non-insulin-dependent diabetes mellitus. The documentation indicates the physical therapist strongly recommends the use of ICS/TENS combination unit 4-foot drop secondary low back pain and knee pain. This etiology of foot drop promulgated by the treating physician is unclear and this treatment is, subsequently, unclear based on the physical therapist recommendation for the ICS/TENS combination unit. The treatment location is unclear. The most common cause of foot drop is compression of a nerve in the leg that controls the muscles involved in lifting the foot. Other less common causes involving nerve injury in patients with diabetes mellitus who more susceptible to nerve disorders. The criteria for TENS unit includes evidence that other appropriate pain modalities (such as physical therapy) have been tried and failed. The treating physician states the injured worker has never had physical therapy and then contradicts himself in the same progress note dated December 16,

2014 that he is requesting physical therapy for the first time. The treating physician did not submit specific short and long-term goals for TENS use. The medical record did not indicate the anatomical region to be treated with TENS. The combination unit (supra), according to the physical therapist and requesting physician, was indicated for treatment of foot drop secondary to back and knee pain. This is not an appropriate indication for TENS unit. It is unclear whether the injured worker had prior physical therapy with an affirmative response to physical therapy. There are no short-term or long-term goals for TENS submitted in the medical record. Constantly, absent clinical documentation with an appropriate clinical indication for TENS unit with the appropriate criteria (enumerated above) and the anatomical region(s) to be treated (as a prerequisite to a TENS trial), one month rental, electrodes times two, batteries times two, set up and delivery not medically necessary.

Retrospective: Prilosec 20mg #60 (DOS 01/23/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Prilosec 20 mg #60 date of service January 23, 2015 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are right knee medial meniscal tear; right ankle avascular necrosis; left knee internal derangement secondary to right knee medial meniscal tear and right ankle avascular necrosis; reactionary depression/anxiety secondary to stress at work; medication induced gastritis; left hip sprain/strain; non-insulin-dependent diabetes mellitus. The documentation indicates the injured worker as non-steroidal anti-inflammatory induced gastritis. A proton pump inhibitor is indicated for the treatment of non-steroidal anti-inflammatory induced gastritis. The treating physician requested Prilosec 20 mg #60. This translates into Prilosec 20 mg b.i.d. Prilosec 20 mg is indicated for once per day dosing. Consequently, absent clinical documentation with the appropriate dosing schedule of Prilosec 20 mg per day, retrospective Prilosec 20 mg #60 date of service January 23, 2015 not medically necessary.

Norco 10/325mg #90 (prescription written 01/23/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 date of service January 23, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are right knee medial meniscal tear; right ankle avascular necrosis; left knee internal derangement secondary to right knee medial meniscal tear and right ankle avascular necrosis; reactionary depression/anxiety secondary to stress at work; medication induced gastritis; left hip sprain/strain; non-insulin-dependent diabetes mellitus. The documentation indicates Norco was prescribed as far back as June 4, 2013. There is no documentation indicating objective functional improvement with the ongoing long-term use of Norco. There are no detailed pain assessments records. There are no risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement in the absence of detail pain assessments and risk assessments to support ongoing long-term Norco, Norco 10/325 mg #90 date of service January 23, 2015 not medically necessary.