MAXIMUS Federal Services

Case Number:	CM15-0053758		
Date Assigned:	03/27/2015	Date of Injury:	04/06/1999
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 69 year old male, who sustained an industrial injury on April 6, 1999. The records indicate the accepted body parts are low back, neck, right knee and left shoulder. The mechanism of injury is not indicated in the records available. The injured worker was diagnosed as having lumbago, right knee pain, left shoulder pain, cervical degenerative disc disease, chronic intractable pain, and cervicalgia. Treatment to date has included transcutaneous electrical nerve stimulation, acupuncture, medications. The records indicate he purchased a transcutaneous electrical nerve stimulation unit on his own and reports it to helps decrease pain 80%. He reports a 50% improvement with acupuncture. Currently a progress report on January 22, 2015, indicates he is seen for neck and low back pain. The treatment plan included: request for transcutaneous electrical nerve stimulation unit supplies, and additional acupuncture, and medications listed as: Etodolac. The request is for Etodolac 400mg #60 with 3 refills, transcutaneous electrical nerve stimulation unit and supplies, and 6 additional acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 400mg oral tablet by mouth twice a day box time 30 days #60 3 refills:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Etodolac.

Decision rationale: The MTUS notes that NSAIDs (non-steroidal anti-inflammatory drugs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) For chronic low back pain NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. The ODG guidelines note that a large systematic review of available evidence on NSAIDs confirms that naproxen and low-dose ibuprofen are least likely to increase cardiovascular risk. Etodolac in the unpaired analyses had a risk profile similar to that of rofecoxib, but the pair-wise analyses are likely to be less confounded, and these analyses showed etodolac to be similar to two low risk drugs, ibuprofen and naproxen. (McGettigan, 2011) The medical records note that etodolac has been effective with no side effects. Apparently it was discontinued for a trial of Relafen in November 2014. The recent treatment notes indicate that treatment will resume with etodolac. The treatment regimen has been effective in controlling pain without the use of opioid medications. Given the efficacy of etodolac and, assuming that the treating physician is adequately addressing gastrointestinal and cardiovascular risk, the request

for etodolac 400mg oral tablet by mouth twice a day for 30 days #60 3 refills is medically necessary.

TENS unit and supplies,: Upheld

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

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

Decision rationale: The MTUS notes that transcutaneous electrical nerve stimulation (TENS) treatment 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do t hey answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): 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. In this case, there is no specific treatment plan with short-term and long-term goals submitted and no documentation of how often the unit is used. There is documentation of 80% reduction in pain with prior use of a TENS unit. The treatment note of 1/22/15 notes that a TENS unit and supplies were recently purchased. The treating physician should clarify whether the TENS unit is still needed and provide documentation of a treatment plan and how often the unit should be used. The current request for TENS unit and supplies is not consistent with the MTUS guidelines and is not medically necessary.

Acupuncture additional sessions over 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines (9792.24.1.) notes that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation is the use of electrical current (micro- amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. These guidelines apply to acupuncture or acupuncture with electrical stimulation. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (ef). In this case, the treatment note of 3/11/15 notes recent exacerbation of chronic back pain. Previous use of acupuncture has resulted in 50-60% reduction in pain and has helped to allow treatment of pain without narcotic medications. With significant benefit, the request for acupuncture, 6 additional visits over 6 weeks, is medically necessary.