MAXIMUS Federal Services

Case Number:	CM15-0053832		
Date Assigned:	03/27/2015	Date of Injury:	05/24/2011
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
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: California
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 60 year old female who sustained a work related injury on 5/24/11. The diagnoses have included status post right knee surgery, partial anterior cruciate ligament tear right knee and osteoarthropathy right knee. Comorbid conditions include diabetes. Treatments have included MRIs of right knee on 2/28/12 and 7/23/13, physical therapy, right knee surgery on 6/27/12, use of a knee brace and medications. In the PR-2 dated 2/10/15, the injured worker complained of right knee pain (8/10) and low back pain (5/10). She noted muscle spasms for which use of Flexeril decreased the spasms, lessened her pain and allowed improved activities of daily living (ADLs). This medication does not make her sleepy. She also noted use of TENS at physical therapy was helpful. Her present medications are tramadol ER, Flexeril, pantoprazol and naproxen. On exam she had lumbar paraspinal muscle spasms, lumbar decreased range of motion, positive straight leg test on the right with pain into right foot, tenderness in right knee joint, a positive patellofemoral compression test and anterior drawer sign in right knee. The treatment plan is for a retro-request for a TENS unit trial, for Cyclobenzaprine and a urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS 30 day trial period at PT: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): Chp 3 pg 48; Chp 12 pg 300; Chp 13 pg 339,Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves which can result in lowering acute or chronic pain. According to ACOEM guidelines there is not enough science-based evidence to support using TENS in the treatment of chronic pain. Additionally, there is a lot of conflicting evidence for use of many physical modalities when treating low back pain and/or chronic knee pain making it difficult to understand if TENS therapy is actually helping a patient or not. However, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. The MTUS lists specific criteria for use of this treatment. For this patient, other modalities have been used with documented no or only partial success (physical therapy, medications and rest) in lessening the pain. Additionally, trial use of TENS showed significant improvement in the patient's activities of daily living and lessening of her pain. At this point in the care of this patient a one month trial of TENS does make sense. Documentation of functional improvement is key for continued use. Medical necessity for use of this modality has been demonstrated.

Dispensed Cyclobenzaprine 7.5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine Page(s): 41-2, 63-66.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over one month and is taken a NSAID. Yet the patient has ongoing symptoms of muscle spasms which are improved with use of this medication allowing for improved control of pain

and improved function. She tolerates this medication without side effects. Medical necessity for continued use of Flexeril has been established.

Urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I ? Evidence Assessment, Pain Physician 2012; 15:S1-S662) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012; 14(4):PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/.

Decision rationale: A urine drug test is a technical analysis of a urine sample used to determine the presence or absence of specified parent drugs or their metabolites. Even though drug-testing a blood sample is considered to be the most accurate test for drugs or their metabolites it is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. This patient is taking controlled substances (tramadol ER). Regular monitoring of the urine is appropriate. Medical necessity for this procedure has been established.