

Case Number:	CM15-0053965		
Date Assigned:	03/27/2015	Date of Injury:	09/03/2011
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/22/2015

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: Connecticut, California, Virginia
 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 62 year old male, who sustained an industrial injury on 09/03/2011. He has reported injury to the neck and low back. The diagnoses have included cervicalgia; lower back pain; lumbosacral radiculitis; and myofascial pain. Treatment to date has included medications, diagnostic studies, lumbar transforaminal epidural steroid injection, and acupuncture. Medications have included Relafen, Tylenol No. 3, and Gabapentin. A progress note from the treating provider, dated 02/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with radiation to the lower extremities, right greater than left; pain to toe with numbness and tingling; and neck pain with radiation to the upper extremities, right greater than left, with numbness. Objective findings include tenderness to palpation of the lumbar spine. The treatment plan has included the request for Tylenol No. 3 #30; and 1 TENS (transcutaneous electrical nerve stimulation) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, when to discontinue Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. The patient has a history consistent with high abuse risk potential, and more detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Given the lack of evidence for compliance and the high risk for abuse potential in this case, the Tylenol #3 currently requested is not medically necessary and appropriate.

1 TENS unit: Upheld

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

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

Decision rationale: With respect to chronic pain and according to the MTUS, 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, for conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications). In this case a treatment plan outlining short and long term goals for TENS therapy has not been established per the provided records. Therefore at this time and based on the provided records, the request for TENS is not medically necessary.