

Case Number:	CM15-0056943		
Date Assigned:	04/01/2015	Date of Injury:	04/05/2010
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/25/2015

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: Pennsylvania

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 67 year old female who has reported knee and back pain after an injury on 4/5/2010. The diagnoses include status post bilateral knee total arthroplasty, lumbar stenosis, discogenic disease, chronic low back pain, and status post lumbar spine fusion. Treatment to date has included medications, knee surgery, physical therapy, and a lumbar fusion in March 2014. The agreed medical examination (AME) on 11/26/14 did not provide any specific details of benefit from any medications. He described a sedentary degree of permanent disability. The primary treating physician reports during 2014-2015 reflect ongoing back and knee pain, with statements of 50% pain reduction and non-specific functional improvement with unspecified medications. A transcutaneous electrical nerve stimulation (TENS) unit "helps." The injured worker is reported to be bedridden without medications. Work status remains as "temporarily totally disabled." Flexeril, Norco, and Restoril have been prescribed chronically since at least May 2014. Gabapentin was first mentioned in the report of 2/4/15. There was no discussion of the indications, results of use, or when it was started. Per the primary treating physician report of 2/4/15, there was back and leg pain. The injured worker requested a larger heating pad. The injured worker was stated to be bedridden without her medications. The treatment plan included the same items as were listed in the report of 3/12/15. The work status was "temporarily totally disabled." Per the primary treating physician report of March 12, 2015, there was ongoing low back and bilateral knee pain. There was functional improvement with a 50% decrease in pain. She was able to walk, stand, sit and do activities of daily living better. The treatment plan included an infrared sauna massage wrap for the legs, continued Neurontin, Flexeril, Restoril and

Norco, a large heating pad, and follow-up in 6 weeks. The work status was "temporarily totally disabled." The specific results of use for the items in the treatment plan were not discussed. The Request for Authorization of 3/9/15 was for these same items plus TENS unit supplies. The Request for Authorization of 3/3/15 was for a TENS/EMS rental for 6 months. On 3/18/15 Utilization Review non-certified the requests now referred for Independent Medical Review. The MTUS and the Official Disability Guidelines were cited. Note was made of the lack of indications and benefit per guidelines. Neurontin was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared Sauna Massage Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 48, 338. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Updated Chronic Pain Section, Page 166, 168; heat and cold therapies.

Decision rationale: The MTUS for Chronic Pain does not provide direction for the use of heat to treat chronic pain. The ACOEM Guidelines page 338 recommend cold packs during the first few days for knee pain, and heat packs thereafter. There is no recommendation for any specific device in order to accomplish this. Heat and cold can be applied to the skin using simple home materials, e.g. ice and hot water, without any formal medical device or equipment. Per Page 48 of the Guidelines, heat or cold may be used for two weeks or less. This patient's condition is long past the two-week duration. The updated ACOEM Guidelines for Chronic Pain are also cited. There may be some indication for heat therapy, but the recommendation is for home application of non-proprietary, low-tech, therapy in the context of functional restoration. There is no evidence of any current functional restoration program. The work status remains as "temporarily totally disabled", which is not an appropriate status or focus for treatment emphasizing functional improvement. The treating physician has not provided any information in support of the specific devices prescribed for this patient, and the nature of the requested device was not explained. The heat device prescribed for this injured worker is not medically necessary based on the MTUS, other guidelines, and lack of a sufficient treatment plan.

TENS unit supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain, Neuromuscular electrical stimulation (NMES devices) Page(s): 114-117, 121.

Decision rationale: No physician reports address the specific medical necessity for a TENS unit, or describe any specific benefit. It appears from the records that the injured worker may have been dispensed a combination TENS/EMS device. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS. The MTUS recommends against electrical muscle stimulation/neuromuscular electrical stimulation (EMS/NMES) for chronic pain. Given the lack of clear indications in this injured worker (primary reason), and the lack of any clinical trial or treatment plan per the MTUS (secondary reason), a TENS or TENS/EMS unit is not medically necessary.

Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Unspecified "medications" are reported to provide pain relief and non-specific increases in function. The claim that the injured worker would not get out of bed without medications is not supported by any specific medications trials, and the "temporarily totally disabled" work status implies a practically bedridden functional status regardless. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with Cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated as prescribed and is not medically necessary.

Restoril 30mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment, benzodiazepines.

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. The MTUS does not recommend

benzodiazepines for long term use for any condition. The prescribing has occurred chronically, not short term as recommended in the MTUS. The Official Disability Guidelines recommend the short term use of hypnotics, discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. No physician reports describe the specific criteria for a sleep disorder. Other medications known to cause sleep disorders, such as opioids, were not discussed in the context of insomnia. Prescribing in this case meets none of the guideline recommendations. This benzodiazepine is not prescribed according the MTUS and the Official Disability Guidelines and is not medically necessary.

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, benzodiazepines.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Unspecified "medications" are reported to provide pain relief and non-specific increases in function. The claim that the injured worker would not get out of bed without medications is not supported by any specific medications trials, and the "temporarily totally disabled" work status implies a practically bedridden functional status regardless. The prescribing physician describes this patient as "temporarily totally disabled," which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The "temporarily totally disabled" status represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives, as is occurring in this case. This is particularly problematic in the elderly. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, this request is not medically necessary.