

Case Number:	CM15-0069054		
Date Assigned:	04/27/2015	Date of Injury:	03/14/2001
Decision Date:	08/17/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/13/2015

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: Emergency 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 50 year old male, who sustained an industrial injury on 3/14/01. He reported low back injury. The injured worker was diagnosed as having lumbalgia post multiple spinal surgeries, status post lumbar spine hardware removal, status post poster and anterior lumbar fusion and status post IDET. Treatment to date has included oral medications including Tylenol #3, spinal surgeries, physical therapy, TENS unit, spine brace and home exercise program. Currently, the injured worker complains of burning and aching pain in low back with pins and needles sensation rated 4/10, he also notes some muscle spasm. The injured worker states Tylenol#3 and Lyrica did not help and he previously received benefit from TENS unit, however it has ceased to work. Physical exam noted incisional tenderness and tenderness along the midline paralumbar musculature. The treatment plan included Tylenol #4, TENS unit, aqua therapy, 8 sessions of acupuncture therapy, prescriptions for Ambien and Tizanidine and topical creams, home exercise program continuation, x-rays of lumbar spine and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

New TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The patient is a 50 year old male with an injury in March of 2001. He has been diagnosed with Lumbalgia and underwent multiple spinal surgeries but continues to have ongoing discomfort. The request is for the re-use of a TENS unit for pain control. The MTUS guidelines states that evidence is lacking with regard to long-term effectiveness for pain control. There is some evidence for effectiveness with regards to use in neuropathic pain related to post-herpetic neuralgia or diabetic neuropathy. It also appears to be effective for cases of multiple sclerosis. Due to insufficient evidence of long-term improvement seen with use of this treatment modality in the patient's condition the request is not medically necessary.

Tylenol #4 with codeine #90 with one refill, one po q4-6 hrs prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

Decision rationale: The patient is a 50 year old male with an injury in March of 2001. He has been diagnosed with Lumbalgia and underwent multiple spinal surgeries but continues to have ongoing discomfort. The request is for the opioid Tylenol with codeine #4. Their lack of documentation of functional improvement required for ongoing medication use in this class. Being that the injury occurred over 14 years ago, the MTUS guidelines require notes regarding extent of pain relief, side effect profile, and potential abuse screen as well. As such, the request is not medically necessary.

Eight sessions of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 of 127.

Decision rationale: The MTUS guidelines do state that aquatic therapy is indicated as an alternative to land based therapy in certain cases. Water exercises have improved some components of health-related quality of life. It is specifically recommended where reduced weight bearing is desirable. In this case, there is inadequate documentation as to why reduced weight bearing would be of benefit, as the patient suffers from long-standing lumbar pain. As such, the request is not medically necessary.

Eight sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The MTUS guidelines do recommend the use of acupuncture in certain cases for the treatment of chronic pain. In this case, the guidelines are clear, stating the following: "Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success." There are insufficient high quality studies, which have demonstrated significant pain relief in patients with chronic back pain. Due to the lack of evidence with use of this treatment modality for his condition, it is not indicated. As such, the request is not medically necessary.

Ambien 10mg #30 with one refill, 1 po qhs: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396.

Decision rationale: The request is for the use of Ambien. Records do not reflect the reasoning as to why this medication is prescribed for this patient with chronic low back pain. There is also insufficient documentation of a medical and psychiatric evaluation as well as alternatives attempted prior to pharmaceutical use. The etiology for the patient's insomnia should be evaluated and defined. As such, the request is not medically necessary.

Tizanidine 4mg #90 with one refill, 1 po bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 of 127.

Decision rationale: The request is for the use of tizanidine, which is in the class of muscle relaxants. The patient's injury occurred in 2001 and at this point, the use of medications in this class for ongoing discomfort is not likely to be of benefit. The MTUS guidelines states that muscle relaxants show no benefit beyond NSAIDs for pain relief for patients with low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependency. As such, the request is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%, 240gm, apply 1-2 grams to affected area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: The MTUS guidelines states that any compounded product that contains at least one drug that is not recommended is not recommended. The use of topical NSAIDs have shown inconsistent benefit for patients with osteoarthritis. Meta-analysis has shown benefit for the first 2 weeks of use with diminishing effect over the next 2-week period. It is indicated for osteoarthritis of the knee or elbow or other joints amenable to treatment for a period of 4-12 weeks. There is no evidence to support its use for neuropathic pain. In this case, there is a lack of a diagnosis, which would benefit from use of this topical therapy. As such, it is medically necessary.