

Case Number:	CM15-0089754		
Date Assigned:	05/14/2015	Date of Injury:	08/27/2002
Decision Date:	07/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: Indiana

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 66 year old female, who sustained an industrial injury on 8/27/2002. She reported injury from a trip and fall. The injured worker was diagnosed as having internal derangement of the bilateral knees with prior surgical intervention, chronic pain syndrome, five level cervical disc disease, 2 level lumbar disc disease and Lis franc joint injury. Treatment to date has included surgery, bilateral knee braces and medication management. In a progress note dated 4/14/2015, the injured worker complains of bilateral knee pain and ankle pain. The treating physician is requesting interferential muscle stimulator conductive garment, Wellbutrin SR 150 mg #60, Remeron 50 mg #30, Paxil 20 mg #60 and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) IF muscle stimulator conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 114-120. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: MTUS mentions IF muscle stimulator garments in the context of TENS units. MTUS states regarding TENS unit, "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." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings Ankle and foot: Not recommended Elbow: Not recommended Forearm, Wrist and Hand: Not recommended Shoulder: Recommended for post-stroke rehabilitation Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above): (1) Documentation of pain of at least three months duration; (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed; (3) 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; (4) Other ongoing pain treatment should also be documented during the trial period including medication usage; (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; (6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request is not medically necessary.

Wellbutrin SR 150 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wellbutrin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bupropion.

Decision rationale: Regarding treatment of Pain with anti-depressants, MTUS and ODG state, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated". Additionally, "Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss". Medical records do not indicate the ongoing treatment for neuropathic pain. ODG states regarding bupropion, "Recommended as a first-line treatment option for major depressive disorder". There is no evidence of a psychiatric need for the medication. Based on the medical records provided, the patient does not meet criteria for usage of bupropion. As such, the request is not medically necessary.

Remeron 50 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16.

Decision rationale: Mirtazapine is an alpha-2 Antagonist antidepressant indicated for the treatment of major depressive disorder. MTUS states regarding antidepressant: "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken". In this case, the medical documentation does not show an assessment of treatment efficacy from the previous use of this medication, including any comments on functional improvement, psychological assessment, or pain reduction. As such, the request for Mirtazapine is not medically necessary.

Paxil 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Antidepressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 13-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety Medications. Depression.

Decision rationale: Paxil is an SSRI (Selective serotonin reuptake inhibitors). MTUS states "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain". See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. ODG states Paroxetine (Paxil, generic available): Also recommended for GAD, PD, OCD, and PTSD as well as major depressive disorder. Dosing information: 20-60mg daily. (Bandelow 2002) Paroxetine controlled release (Paxil CR, generic available): Also approved for PD, major depressive disorder, and premenstrual dysphoric disorder. Dosing information: Initially 12.5 mg daily may increase up to 37.5mg daily. The employee has been prescribed this medication for chronic pain, which the MTUS recommends against. There is no further justification as to why an exception should be made in this case. Therefore, the request is not medically necessary.

One (1) urine drug screen-10 panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDT. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids; abuse Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)", would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. "Moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. "High risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. As such, the current request is not medically necessary.