

Case Number:	CM14-0122555		
Date Assigned:	09/16/2014	Date of Injury:	11/08/2002
Decision Date:	10/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old patient had a date of injury on 11/8/2002. The mechanism of injury was not noted. In a progress noted dated 7/3/2014, the patient complains of pain daily that is 10/10. Oxycontin decreases pain to 6/10 making pain more manageable and allows her to be functional. She admits to frequent spasms in lower back, as well as numbness and tingling in bilateral lower extremities. She admits to depression due to chronic pain that decreases her functionality. On a physical exam dated 7/3/2014, lumbar flexion is 35 degrees and extension is 20 degrees. She has tenderness in her left knee that is sensitive to touch. The diagnostic impression shows low back pain with pars defect and radiculitis down the lower extremities with no history of nerve conduction study, internal derangement of left knee status post arthroscopy in 2/2008 with medial meniscectomy. Treatment to date: medication therapy, and behavioral modification. A UR decision dated 7/16/2014 denied the request for 1 TENS pad for the TENS unit between 7/3/2014 and 9/14/2014, stating there is no clinical record of a 1 month trial period of the TENS unit with documentation of how long the unit was used, or of pain relief and functional outcomes. Oxycontin 80mg #270 between 7/3/2014 and 9/14/2014 was modified to oxycontin #54, with remaining #216 tablets noncertified, stating that there was no recent quantitative objective findings of pain or functional improvement justifying ongoing opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS pad for the Tens Unit between 7/3/2014 and 9/14/2014: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. In the 7/3/2014 progress report, it was noted that TENS unit has benefited pain reduction in the past. However, there was no documentation provided regarding how often the unit was used, as well as outcomes in terms of pain relief and function. Therefore, the request for 1 TENS pad for the TENS unit between 7/3/2014 and 9/14/2014 was not medically necessary.

Oxycontin 80mg #270 between 7/3/2014 and 9/14/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a 7/3/2014 progress report, it was noted that this patient was prescribed Oxycontin 80mg 3TID, equivalent to a morphine equivalent dose of 1080. A morphine equivalent dose above 120 puts the patient at risk for opioid toxicity. Symptoms such as respiratory depression and death can occur. Therefore, the request for Oxycontin 80mg #270 is not medically necessary.