MAXIMUS Federal Services

Case Number:	CM14-0149478		
Date Assigned:	09/18/2014	Date of Injury:	07/28/2002
Decision Date:	11/19/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Medicine has a subspecialty in Family Practice and is licensed to practice in Ohio. 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 49-year-old female with a date of injury of July 28 of 2002. She slipped on a wet floor injuring her left knee. Subsequently, she had a total left knee replacement in 2004. She has developed pain to the right knee, thought to be a compensatory osteoarthritis. She complains primarily now of pain to both knees. Her diagnoses include osteoarthritis of the right knee, diabetes, obesity, and hypertension. Her physical exams have revealed elevated blood pressure readings and tenderness to the right knee with crepitus. When she has not been taking her narcotics the pain in the knees has increased. She is currently being considered for cortisone injections of the knee and possibly a total right knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TRAMADOL ER 150MG: Upheld

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

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

Decision rationale: During the maintenance phase of opioid therapy there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side

effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this instance, none of these criteria have appeared in the notes available for review. Opioids should be discontinued if there is no improvement in functionality unless there are extenuating circumstances. In this instance, there's been no improvement in functionality documented as result of tramadol or other previous opioids. Therefore, the request for 60 Tramadol ER 150mg is not medically necessary.

60 NAPROXEN 550MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Dru Page(s): 69.

Decision rationale: In terms of pain management for those with cardiac risk factors such as diabetes or hypertension, a non-pharmacologic choice should be the first option. It is then suggested that acetaminophen or aspirin be used for short term needs. An opioid also remains a short-term alternative for analgesia. For those with major risk factors (recent MI, or coronary artery surgery, including recent stent placement): If NSAID therapy is necessary, the suggested treatment is naproxyn plus low-dose aspirin plus a proton pump inhibitor. For those with mild to moderate risk factors: If long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID. In this instance, the injured worker has mild to moderate risk factors for heart disease and therefore the request for 60 Naproxen 550mg is medically necessary.

90 CYCLOBENZAPRINE 7.5 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle Relaxants

Decision rationale: The ODG recommends non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants like cyclobenzaprine may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this instance, there is no indication that muscle spasm is a component of the

injured worker's pain and it appears that this medications being used chronically and not a short-term basis. Therefore, the request for 90 Cyclobenzaprine 7.5 mg is not medically necessary.

2 TENS PATCHES: Upheld

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

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

Decision rationale: Transcutaneous electrotherapy 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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this instance, there is no evidence from the record available for review that a TENS unit is currently in use, how it is being utilized, or that a one-month trial has been undertaken. Additionally, the records do not reflect that a functional restoration program is currently being utilized. Therefore, because the criteria for TENS unit usage are not documented, the request is not medically necessary.