

Case Number:	CM14-0122479		
Date Assigned:	09/16/2014	Date of Injury:	12/06/2000
Decision Date:	06/18/2015	UR Denial Date:	07/31/2014
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. 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:

This 52 year old male sustained an industrial injury to the back, shoulder, right wrist/hand and foot on 12/6/00. Diagnoses include thoracic/lumbar spine radiculitis, shoulder adhesive capsulitis, tarsal tunnel syndrome, thoracic spine pain and shoulder pain. Previous treatment and evaluation included magnetic resonance imaging, electromyography, carpal tunnel release, L4-5 laminectomies, physical therapy, exercise program, bracing, orthotics, transcutaneous electrical nerve stimulator unit and medications. An Agreed Medical Examination in 2010 notes that the injured worker has not worked since about June 2007. Work status was not further discussed. Use of a TENS unit in 2008 was noted and was discussed again in progress notes from 2012 and 2013. Norco, soma, and valium were prescribed in 2008. Progress note from September 2012 notes use of valium. Progress notes in 2012, 2013 note ongoing use of norco, soma, oxycontin, and ambien. Progress notes in 2014 note use of norco, soma, oxycontin, ambien, and valium. Medications were noted to provide relief and allow the injured worker to complete his activities of daily living. In a PR-2 dated 6/20/14, the injured worker complained of ongoing back, shoulder, foot and hand pain with worst pain rated 9/10 on the visual analog scale and least pain rated 3/10. The treatment plan included a transcutaneous electrical nerve stimulator unit and continuing current medications (Ambien, Norco, Oxycontin, Soma, and Valium). On 7/31/14, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. Transcutaneous electrical nerve stimulation (TENS) devices are the most commonly used; other devices are distinguished from TENS based on their electrical specifications. The MTUS specifies that TENS is not recommended as a primary modality but a one-month home based TENS trial may be considered if used as an adjunct to a program of evidence based functional restoration for certain conditions, including neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis, and acute post-operative pain. A treatment plan with the specific short and long term goals of treatment with the TENS unit should be submitted. 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. This documentation indicates that the injured worker used a TENS unit in 2008 and 2012-2013. There was no discussion of how often the unit was used, or degree pain relief or any improvement in function as a result of its use. The physician reports do not address the specific medical necessity for a TENS unit currently. 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; there was no discussion of short and long term goals of treatment with the TENS as recommended by the guidelines. The type of unit including the number of leads was not specified. Given the lack of clear indications in this injured worker, and the lack a treatment plan per the MTUS, a TENS unit is not medically necessary.

Soma 350mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma), muscle relaxants Page(s): 29, 63-66.

Decision rationale: This injured worker has chronic multifocal pain. Soma has been prescribed for several years. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with 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 for years and 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 Soma. Current work status was not discussed and past notes indicate that the injured worker had not worked since 2007. There was no documentation of improvement in activities of daily living, decrease in medication use, or decrease in frequency of office visits as a result of use of Soma. Per the MTUS, Soma is categorically not recommended for chronic pain and has habituating and abuse potential. Due length of use in excess of the guideline recommendations, lack of recommendation for chronic pain, and lack of functional improvement, the request for Soma is not medically necessary.

Norco 10/325mg, #180: Upheld

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

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

Decision rationale: This injured worker has chronic multifocal pain. Norco has been prescribed for years. 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, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Current work status was not discussed and past notes indicate that the injured worker had not worked since 2007. There was no documentation of improvement in activities of daily living, decrease in medication use, or decrease in frequency of office visits as a result of use of norco. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Specific changes in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Valium 10mg, #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, muscle relaxants Page(s): 24, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines.

Decision rationale: This injured worker has chronic multifocal pain. Valium has been prescribed for months and possibly for many years. The specific indication for use of valium was not discussed. Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives; this injured worker has been prescribed opioids and ambien concurrently with valium. Due to length of use in excess of the guideline recommendations, and use along with opioids and sedatives not in accordance with the guidelines, the request for valium is not medically necessary.