

Case Number:	CM14-0210295		
Date Assigned:	12/23/2014	Date of Injury:	03/10/2007
Decision Date:	02/19/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Physical Medicine & Rehabn

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 patient is a 41-year-old male with a date of injury of 03/10/2007. According to progress report dated 11/13/2014, the patient reports severe back pain, muscle spasms, and weakness in the bilateral legs. The patient is utilizing bilateral hinge knee braces due to instability of the knees and a cane for assistance in ambulation. The patient states that all of his medications are "very helpful in keeping him functional." The patient states he gets at least 50% reduction of pain, 50% functional improvement with activities of daily living with medications versus not taking them. The pain on this date is rated as 9/10, at best 4/10 with medications, and 10/10 without medications. The patient is requesting authorization for a Tread exercise climber to help with his weight loss due to sedentary weight gain. The patient is also inquiring about a new TENS unit, as he has been using an H-wave unit but thinks a TENS unit might work better in controlling some of his pain and decreasing his dependence on oral narcotics. Physical examination revealed muscle rigidity in the lower trunk with loss of lordotic curvature. The patient can only flex about 20 degrees and extend 5 degrees. Palpation revealed muscle spasm in the lower trunk and deep tendon reflexes are +1 at the knees and ankles. The listed diagnoses are: 1. History of partial laminectomy at L4-L5 with redo of lumbar fusion from L4-L5 with chronic back pain and muscle spasms.2. Subjective complaints of bilateral weakness in legs.3. Left shoulder tendinopathy.4. Development of diabetes 2 secondary to industrial onset to sedentary status and weight gain.5. Dental decay possibly related to GERD and diabetes, industrially related.6. Erectile dysfunction related to diabetes and weight gain.7. GERD.8. History of elevated liver enzymes.9. History of reactive depression, stable with Zoloft.10.

Neuropathic burning pain in the lower extremities. 11. Development of bilateral foot pain, possibly related to plantar fasciitis due to altered body mechanics. Recommendation was for refill of medications, ThermaCare heat patches, urine drug screen, TreadClimber exercise unit, TENS unit model #RX-8000, and consult with podiatrist regarding foot pain. The patient is currently not working. The utilization review denied the request on 12/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain; criteria for use of opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for oxycodone IR 10 mg #60. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing oxycodone as early as 03/04/2014. Progress report dated 03/04/2014, 07/08/2014, 09/18/2014, and 11/13/2014 all note that the patient reports "at least 50% functional improvement with medications...versus not taking anything at all." Each report provides a before and after pain scale to denote a decrease in pain. According to progress report dated 11/13/2014, a narcotic contract is on file with the physician's office and Urine drug screens have been appropriate. In this case, recommendation for further use of the oxycodone cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL, or change in work status to document significant functional improvement. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested oxycodone is not medically necessary and recommendation is for slow weaning per MTUS Guidelines.

Therma care heat patches #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter

for heat therapy and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pages 156, 157 heat patches.

Decision rationale: This patient presents with chronic low back, and the current request is for ThermaCare heat patches #60. The ACOEM Guidelines pages 156, 157 recommend heat therapy for low back pain. The ODG Guidelines under the low back chapter for heat therapy topics states, "Recommended as an option." The ODG further states "one study compared the effectiveness of [REDACTED] back plaster, the ABC Warme-Pflaster, and the Procter and Gamble ThermaCare heat wrap, and concluded that ThermaCare heat wrap is more effective than the other two." The treating physician states that the patient has a decrease in pain of about 50% with current medications. Heat therapy is recommended as an option as indicated by ODG Guidelines and it is noted that current medications including Therma heat patches provides 50% reduction in pain. The requested ThermaCare heat patches are medically necessary.

Tread climber exercise machine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, gym membership.

Decision rationale: This patient presents with chronic low back pain, muscle spasms, and pain that radiates into the bilateral legs. The current request is for TreadClimber exercise machine. He MTUS and ACOEM Guidelines do not discuss tread climber exercise machines. However, ODG Guidelines under the low back chapter states under gym membership, "while an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline." There is no evidence that chronic pain patients require specialized equipments such as a treadclimber machine to achieve an effective home exercise program. This request is not medically necessary.

TENS unit RX-8000: 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 TENS unit Page(s): 116.

Decision rationale: This patient presents with chronic low back pain. The current request is for TENS unit RX-8000. Per progress report dated 11/13/2014, the patient is inquiring about a new TENS unit. The patient has used an H-wave unit in the past as well and has found it somewhat helpful but thinks that the TENS unit might work better in controlling some of his pain and decreasing his dependence on oral narcotics. Per MTUS Guidelines page 116, TENS unit have

not proven efficacy in treating chronic pain and it is not recommended as a primary treatment modality but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. It appears the patient has utilized a TENS unit and H-wave unit in the past, but there is no documentation regarding frequency of use, magnitude of pain reduction, and functional changes with prior use of a TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. The requested TENS unit is not medically necessary.