

Case Number:	CM14-0211836		
Date Assigned:	12/23/2014	Date of Injury:	03/18/2009
Decision Date:	02/19/2015	UR Denial Date:	12/09/2014
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, Indiana, New York
 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:

The injured worker (IW) is a 47-year-old man with a date of injury of March 18, 2009. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are neck pain; headaches, deemed non-industrial; multiple psychiatric disorders including bipolar disorder and PTSD, non-industrial; and motor vehicle accident on September 26, 2013 with increased neck and low back pain. MRI of the cervical spine dated December 3, 2009 showing a left C3-C3 and C3-C4 facet degenerative disease. Stable grade I anterolisthesis at C3 on C4; C5-C6 degenerative disc disease. X-ray of the cervical spine from May 17, 2013 showed a 1 to 2 mm retrolisthesis of C5-C6 without instability. Pursuant to the progress note dated November 18, 2014, the IW complains of ongoing neck pain. He is doing well on current medications with no adverse side effects. Objectively, there is ongoing tenderness to the cervical paraspinal muscles. Neurologically, he is intact. Current medications include Tramadol ER 120mg, Colace 100mg, and Percocet 5/325mg. The IW also uses a TENS unit. The IW has been using the TENS unit since March 11, 2014, according to a progress report with the same date. There was no evidence of objective functional improvement associated the ongoing use of TENS. There was no documentation of recent physician therapy documented. The IW has been taking Tramadol ER 150mg since March 11, 2014, according to a progress note with the same date. There were no detailed pain assessments or evidence of objective functional improvement associated with the ongoing use of Tramadol. The current request is for Tramadol ER 150mg #90, and TENS unit leads, 2 packs of 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dispensed Tramadol ER 150mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker has been on Tramadol as far back as March 11 of 2014. The documentation is unclear as to whether this is the start date for a refill. The documentation does not contain evidence of objective functional improvement. The injured worker has continued Tramadol with VAS scores of 3/10 to 4/10 and can flare up to a 7/10. Medications take effect in 45 minutes and last approximately 4 to 5 hours. Overall, there is no objective functional improvement. Consequently, absent clinical documentation to support the ongoing use of Tramadol with evidence of objective functional improvement, Tramadol ER 150 mg #120 is not medically necessary.

Dispensed Tens Unit Leads # 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, dispensed TENS unit leads #8 are not medically necessary. TENS units are not recommended as a primary treatment modality, but a one-month home based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The criteria for TENS use include, but are not limited to, evidence that other appropriate pain modalities have been tried and failed, documentation of how often the unit is being used as well as outcomes in terms of pain relief and function. In this case, the injured worker's working diagnoses are neck pain; headaches; multiple psychiatric disorders including bipolar disorder; motor vehicle accident September 26, 2013 with increased neck and low back pain. The documentation does

not contain evidence of objective functional improvement as it pertains to the TENS. The injured worker is followed approximately every two months with the treating physician. The treating physician does not place any entries in the medical record indicating the TENS unit is functioning, short and long-term goals, reductions in medication use. The injured worker was not receiving any physical therapy. TENS units are not recommended as a primary treatment modality. The guidelines recommend other ongoing pain treatment should be documented concurrently. Consequently, absent clinical documentation indicating objective functional improvement associated with TENS use, reductions in medication and ongoing physical therapy, dispensed tens unit leads #8 are not medically necessary.