

Case Number:	CM14-0215260		
Date Assigned:	01/02/2015	Date of Injury:	06/04/2009
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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: Florida

Certification(s)/Specialty: Family Practice

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 44 year old female with a date of injury of 6/4/2009. The mechanism of injury described is repetitive stress. She has complained of pain in her neck and hands with numbness in the 3rd and 4th digits of both hands. Prior treatment has included physical therapy, a home exercise program, TENS unit use, corticosteroid injections, and medications. Her most recent EMS/NCS of the bilateral upper extremities was performed on 4/16/2013, and noted no evidence of median or peripheral nerve compression. A 11/2014 physical exam showed a positive Tinel's sign bilaterally and a positive Phalen's test on the right only at 15 seconds. Finkelstein's test was also noted to be positive on the right side only. Sensation was subjectively noted to be intact and equal in response to light stroke at the distal upper extremities bilaterally. Work status is employed with some physical restrictions. A utilization review physician did not certify requests for a 3 month rental of a TENS unit, nor requests for Acetaminophen, Naproxen, Gabapentin, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month rental of TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 114-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-117.

Decision rationale: California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. There is evidence that other appropriate pain modalities have been tried (including medication) and failed 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; rental would be preferred over purchase during this trial. 3. Other ongoing pain treatment should also be documented during the trial period including medication usage. 4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. 5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long term goals) was submitted. This request for a 3 month TENS unit rental is not medically necessary.

Naproxen 500mg 1 two (2) times per day #60 (3 month supply - refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 64, 102-105, 66..

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, “A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants.” The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Naproxen is not medically necessary.

Acetaminophen 500mg 1 four (4) times per day (3 month supply - refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol Page(s): 11-12.

Decision rationale: MTUS guidelines state regarding Tylenol "recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case- by-case basis." The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. In this patient's case, the Tylenol was prescribed for an acute exacerbation of chronic pain. The utilization physician approved a 30-day supply, but did not approve a several month supply. An initial trial of Tylenol to see if this helps the patient's symptoms is warranted, but chronic use of Tylenol is not supported at this time. Therefore, this request for a several month supply of Tylenol is not medically necessary.

Gabapentin 600mg 1 every night at bedtime #30 (3 month supply - refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antiepilepsy Drugs Page(s): 18-19.

Decision rationale: According to MTUS guidelines Gabapentin is recommended for the treatment of Neuropathic pain. The provided documentation in this patient's case has not established that this patient has neuropathy. Her most recent neurologic exam showed no evidence of abnormal sensation, and her most recent EMG study showed no evidence of upper extremity nerve damage. Therefore, this request for Gabapentin is not considered medically necessary.

Tramadol 50mg 1 HS #30 (3 month supply - refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management; Opioids for neuropathic pain Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) if the patient has returned to work, (b) if the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. There is also no evidence of a pain management contract having been signed and of frequent urine drug screens being performed. Therefore, this request for Tramadol is not medically necessary.