

Case Number:	CM15-0123775		
Date Assigned:	07/08/2015	Date of Injury:	12/05/2003
Decision Date:	08/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 previously received the following treatments Protonix, Tramadol ER, Naproxen, lumbar spine MRI which showed disc disease at L4-L5 and L5-S1, The MRI of 2008 showed three level bulges from L3-S1 and facet wear, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities were negative, right facet injection, radiofrequency to the left midline, back brace and hot and cold wrap. The injured worker was diagnosed with discogenic lumbar condition with multilevel disc disease noted on the last MRI of 2008, depression and weight loss. According to progress note of May 14, 2014, the injured worker's chief complaint was low back pain. The injured worker avoided heavy lifting. The injured worker was doing some chores around the house, avoiding lifting more than 20 pounds; standing and walking were limited to 20 minutes. The injured worker avoided repetitive bending. The physical exam noted tenderness along the lumbosacral area with facet loading being positive. The lumbar flexion was roughly 35 degrees and extension was 5 degrees. The straight leg raises caused back pain at 70 degrees. The treatment plan included a four lead TENS (transcutaneous electrical nerve stimulator) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30 (Ultram ER): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83 and 113 of 127.

Decision rationale: The injury appeared to have occurred in 2003. The diagnoses were discogenic lumbar condition with multilevel disc disease noted on the last MRI of 2008, depression and weight loss. As of May 2014, there was continued low back pain. There was tenderness along the lumbosacral area with facet loading being positive. Outcomes out of past TENS or tramadol trials are not noted. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of this medication is therefore not supported. The request is not medically necessary.

Four leads TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: As shared earlier, the injury appeared to have occurred in 2003. The diagnoses were discogenic lumbar condition with multilevel disc disease noted on the last MRI of 2008, depression and weight loss. As of May 2014, there was continued low back pain. There was tenderness along the lumbosacral area with facet loading being positive. Outcomes out of past TENS or tramadol trials are not noted. The MTUS notes that TENS 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.: Neuropathic pain: Some evidence, including diabetic neuropathy and post-herpetic neuralgia: Phantom limb pain and CRPS II: Some evidence to support use. Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be 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. There was no evidence of such in these records. The request is not medically necessary.

