MAXIMUS Federal Services

Case Number:	CM15-0126367		
Date Assigned:	07/10/2015	Date of Injury:	12/31/2014
Decision Date:	08/19/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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: California
Certification(s)/Specialty: Emergency 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 is a 28 year old female, who sustained an industrial injury on 12/31/14. She reported pain in her right upper extremity and neck. The injured worker was diagnosed as having cervical sprain and right carpal tunnel syndrome. Treatment to date has included an EMG of the upper extremities on 4/15/15 showing right carpal tunnel syndrome, physical therapy and a TENs unit at physical therapy. Current medications include Gabapentin, Omeprazole, Colace, Anaprox and Tramadol since at least 1/20/15. On 4/13/15, the injured worker rated her pain a 7/10 without medications and a 4/10 with medications. As of the PR2 dated 5/8/15, the injured worker reports continued numbness of her right hand and aching of her right shoulder and trapezius. She is taking Gabapentin, but is not able to tolerate Gralise. Objective findings include a positive Tinel's sign in the bilateral upper extremities and tenderness over the cervical facet joints and paraspinal muscles. The treating physician requested a TENs unit for purchase, Gralise 600mg #60, Anaprox 550mg #60 and Tramadol ER 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116. Decision based on Non-MTUS Citation Blue Cross Blue Shield 2007, TENS.

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

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of myofascial pain and carpal tunnel syndrome. There is no documentation of failures of multiple conservative treatment modalities with ongoing conservative care being done at present. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long-term goal of TENS unit. There is no documentation of an appropriate 1-month trial of TENS. Patient been getting some sort of electrical stimulation during physical therapy, which is not considered a successful trial. MTUS also recommends rental over purchase, there is no documentation as to why a TENS unit needed to be purchased instead of rented. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.

Gralise 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee and Leg>, <Gralise (gabapentin enacarbil ER)>.

Decision rationale: MTUS and ACOEM has some sections that deal specifically with standard Gabapentin but not extended release Gabapentin. As per Official Disability Guidelines, Gralise is FDA approved for restless leg syndrome and post-herpetic neuralgia. It is not the same formulation as standard Gabapentin (Neurontin). There is no evidence it is effective in other neuropathic pains. Due to use of a non-FDA approved indication with no appropriate justification and not meeting indications for use, Gralise 600mg is not medically necessary.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-Steroidal Anti-inflammatory Drugs) Page(s): 67-68.

Decision rationale: Anaprox is a Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic low back pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. While there is some noted decrease in pain as per VAS, there is no documentation of objective improvement in function. Chronic use of NSAIDs is not supported by documentation. Anaprox is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 77, 78, 80, 93 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to have been started on Tramadol a few months prior. Documentation fails to meets the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.