MAXIMUS Federal Services

Case Number:	CM15-0148149		
Date Assigned:	08/11/2015	Date of Injury:	06/29/1999
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60-year-old male who sustained an industrial injury on 06-29-1999. He reported injury to his right knee and later developed compensatory left knee pains. Treatment to date has included medications and surgery. According to a progress report dated 07-16-2015, there was no significant change since the last visit. The injured worker reported that cramping and sleep issues had worsened. He had pain when walking and pivoting. He had exacerbation of pain when out grocery shopping. He could do his activities of daily living but with pain. He avoided stairs if possible as well as uneven ground. Current pain was rated 5 on a scale of 0-10. With medications pain was rated 5, and without medications pain was rated 9. Current medications included hydrocodone-acetaminophen 10-325 mg 1 up to twice a day as needed for severe pain, Celebrex 100 mg 1 up to twice a day as needed for moderate pain. Medical history included type II Diabetes (Non- Insulin Dependent) and insomnia. Surgery history included right lateral epicondyle release right ulnar nerve transposition, right shoulder arthroscopy and bilateral knee surgery. Review of systems was positive for abdominal pain, heartburn and gastroesophageal reflux disease with Naprosyn. The injured worker was currently unemployed. He worked after his injury for a few months. Then he tried different work but did not tolerate it and filed for social security disability. Diagnoses included current tear of lateral cartilage or meniscus of knee, osteoarthrosis not otherwise specified of lower leg and encounter for long-term use of other medications. The injured worker reported that he had experienced benefit with use of a TENS unit in the past, in physical therapy and individually. He wanted a device to use

for the muscle spasms in his thigh and calf especially on the right side. The provider noted that the injured worker had developed gastroesophageal reflux disease with use of nonsteroidal anti-inflammatory drugs over the years. Trazodone was being prescribed for problems with sleep. The treatment plan included Celebrex, Trazodone and Omeprazole and a TENS unit with electrodes. Currently under review is the request for TENS (transcutaneous electrical nerve stimulation) unit with electrodes duration of permanent usage, Trazodone 50 mg quantity 30 tabs monthly with 2 refills and Omeprazole 20 mg quantity 60 tabs monthly with 2 refills. According to a previous progress report dated 04-20-2015, the injured worker's nonsteroidal anti- inflammatory medication was changed from Naprosyn to Celebrex because Naprosyn was less effective and caused severe gastroesophageal reflux disease. With the change of nonsteroidal anti-inflammatory drugs, the provider discontinued omeprazole stating that if gastroesophageal reflux disease persists, he would need a topical agent only.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit with electrodes, duration of permanent usage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrotherapy/ Transcutaneous electrical nerve stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: MTUS states regarding TENs unit, "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. " For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limp pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention. Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. Ankle and foot: Not recommended. Elbow: Not recommended. Forearm, Wrist and Hand: Not recommended. Shoulder: Recommended for post-stroke rehabilitation. Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above): (1) 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. (3) A 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS

unit should be submitted. (6) After a successful 1- month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request for TENS (transcutaneous electrical nerve stimulation) unit with electrodes, duration of permanent usage is not medically necessary.

Trazodone 50 mg Qty 30 tabs/monthly, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Insomnia treatment/Pharmacotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Trazodone.

Decision rationale: Regarding Trazodone, the above cited guidelines say: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia."The treating physician documents that this patient has a history of depression and insomnia. The medical documentation provided does not indicate this patient is currently taking an antidepressant or seeking treatment for depression.
Trazodone is not indicated as a sole treatment for depression. Additionally, there is no discussion of sleep hygiene practices or education. As such, the request for Trazodone 50 mg Qty 30 tabs/monthly, with 2 refills is not medically necessary.

Omeprazole 20 mg Qty 60 tabs/monthly, with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) Age > 65 years; (2) History of peptic ulcer, GI bleeding or perforation; (3) Concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) High dose/multiple NSAID (e. g. , NSAID + low-dose ASA). " And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) A Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1. 44)." The medical documents provided indicate this patient has a history of severe GERD. This patient requires regular NSAID usage due to osteoarthritis on ongoing knee pain. As such, the request for Omeprazole 20 mg Qty 60 tabs/monthly, with 2 refills is medically necessary.