

Case Number:	CM15-0173139		
Date Assigned:	09/23/2015	Date of Injury:	07/04/2004
Decision Date:	11/23/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/02/2015

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: 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 is a 47 year old male, who sustained an industrial injury on 07-04-2004. He has reported subsequent neck and low back pain and was diagnosed with cervical and lumbar stenosis, cervical radiculopathy, lumbar spondylosis, right carpal tunnel syndrome and myofascial pain. MRI of the cervical spine on 10-23-2014 showed multilevel degenerative facet arthropathy, diffuse disc osteophyte complex at C6-C7 that was worsening, moderate neuroforaminal stenosis bilaterally and new central disc protrusion at C4-C5. MRI of the lumbar spine on 5-16-2013 showed L4-L5 and L5-S1 disc degeneration, T11-T12 disc degeneration, neural foraminal stenosis most severe at L4-L5 and L5-S1 and facet joint arthropathy most severe at L4-L5. Treatment to date has included oral and topical pain medication, radiofrequency neurolysis and medial branch block. The only medical documentation submitted that is dated prior to the utilization review is a physician progress note dated 08-11-2015. There's no documentation as to how long the injured worker had been prescribed Celebrex, Tramadol or topical Dermatran cream. During the 08-11-2015 office visit, the injured worker was seen for follow up for low back and neck pain and was noted not to take Tramadol regularly. The injured worker reported "good weeks and bad weeks where he might need the medication." The severity of pain and duration of pain relief was not documented. The injured worker reported that Dermatran cream was helpful for exacerbations of neck and back pain. Objective examination findings showed limited extension of the lumbar spine due to pain and tenderness over the lower paraspinous muscles with mild muscle spasm. A request for authorization of at-home TENS unit, Celebrex 200 mg #60 x 3 refills, Dermatran topical pain cream and Ultram 50 mg #120 x 3

refills was submitted. As per the 08-21-2015 utilization review, the request for at-home TENS unit was modified to certification of TENS unit for a one month trial rental, the request for Celebrex was modified to certification of Celebrex 200 mg x one month, the request for Ultram was modified to certification of Ultram 50 mg x one month and the request for Dermatran was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

At-Home Tens Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS does not recommend a TENS unit 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. There is no documentation that a trial period with a rented TENS unit has been completed. The previous reviewer modified the request to a rental of the tens unit rather than a purchase. At-Home Tens Unit (purchase) is not medically necessary.

Celebrex 200mg #60 x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The patient reported significant functional improvement and pain relief with the continued use of Celebrex. I am reversing the previous utilization review decision. Celebrex 200mg #60 x 3 refills is medically necessary.

Dermatran topical pain cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these topical analgesics. The MTUS also states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Dermatran topical pain cream is not medically necessary.

Ultram 50mg #120 x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Guidelines state that Ultram is indicated for moderate to moderately severe pain. Guidelines further state the criteria for the use of opioids is the ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use, and side effects. In this case, the medical necessity has been established for the patient's use of the requested Ultram as a first-line analgesic agent for pain relief for the patient's treatment of chronic pain as it is appropriate in this clinical setting. The records document that the patient receives 50% pain reduction with the continued use of Ultram. I am reversing the previous utilization review decision. Ultram 50mg #120 x 3 refills is medically necessary.