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| Case Number: | CM15-0178187 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 05/24/2011 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

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: Physical Medicine & Rehabilitation, Pain Management

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 70-year-old male injured worker suffered an industrial injury on 5-24-2011. The diagnoses included hip joint inflammations, femur fracture with multiple surgeries, discogenic lumbar condition with facet inflammation, and left shoulder impingement syndrome. On 8-25-2015, the treating provider reported tenderness along the left rotator cuff tear and in the biceps with positive impingement signs along with weakness. There was tenderness of the right knee. On exam, prior treatments included multiple orthopedic surgeries, medications, TENS unit, and physical therapy. The diagnostics included urine drug testing 2-2015. The documentation provided did not include a comprehensive pain assessment with pain levels with and without medication or evidence of an aberrant drug risk assessment. The Utilization Review on 9-3-2015 determined modification for 30 tablets to 15 tablets of Tramadol extended release 150 mg, non-certification 30 tablets of Celebrex 200 mg or 30 tablets of Voltaren extended release 100 mg, OxyContin 20 mg and 1 four-lead transcutaneous electrical nerve stimulation unit with conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Tramadol extended release 150 mg: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Ultram (Tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (Tramadol) is not medically necessary.

30 tablets of Celebrex 200 mg or 30 tablets of Voltaren extended release 100 mg: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for Celebrex or Voltaren, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that either of these NSAIDs were providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Given this, the current request is not medically necessary.

Oxycontin 20 mg: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Oxycontin (Oxycodone ER), Chronic Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient has been weaned off Oxycontin more than 6 months ago. There is no rationale provided as to why it needs to be re-initiated at this time. As such, the currently requested Oxycontin (Oxycodone ER) is not medically necessary.

1 four-lead transcutaneous electrical nerve stimulation unit with conductive garment:
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: Regarding the request for TENS with conductive garment, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, the patient already currently own and use a TENS unit. However, there is no documentation of any specific objective functional improvement as a result of the current TENS unit use. Additionally, the provider did not specify why a larger unit is medically necessary at this time. In the absence of clarity regarding those issues, the currently requested TENS with conductive garment is not medically necessary.