

Case Number:	CM15-0178829		
Date Assigned:	09/21/2015	Date of Injury:	12/06/1996
Decision Date:	10/28/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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

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 56 year old female who sustained an industrial injury on 12-6-98. Progress report dated 7-29-15 reports continued complaints of lower back pain that radiates down the bilateral lower extremities left greater than the right and is associated with frequent numbness. The pain is aggravated by activity, standing and walking. She also had complaints of pain in the left hip and bilateral knees. The injured worker reports that the pain is worsening, rated 8 out of 10 with medication and 10 out of 10 without medication. She states she is only taking over the counter aleve for pain. She had a lumbar epidural steroid injection on 4-14-15 with greater than 80% overall improvement. The TENS unit, acupuncture, and the cold and heat therapy are helpful in relieving the pain. She has run out of TENS electrode pads and is requesting refills. The TENS unit provides measurable benefit. Upon exam, the lumbar spine range of motion is moderately limited due to pain. The pain significantly increased with flexion and extension. Diagnoses include: lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, vitamin D deficiency, chronic pain. Plan of care includes: request replacement pads for TENS unit, continue home exercise program, consider repeat lumbar epidural steroid injection, renew as previously prescribed with benefit Diclofenac (voltaren XR) for pain and inflammation. Work status: determined by primary, not currently working. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 replacement pads for TENS unit: 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): Transcutaneous electrotherapy.

Decision rationale: The patient presents on 07/29/15 with lower back pain which radiates into the bilateral lower extremities (left greater than right). The pain is rated 8/10 with medications, 10/10 without. The patient's date of injury is 12/06/98. The request is for 4 REPLACEMENT PADS FOR TENS UNIT. The RFA is dated 08/17/15. Physical examination dated 07/29/15 reveals tenderness to palpation of the lumbar region from L4-S1 levels, decreased sensation along the L4-5 dermatomal distribution bilaterally, positive straight leg raise test on the left, and positive FABER test bilaterally. The patient is currently prescribed Diclofenac. Patient is currently not working. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: "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... Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; 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; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary." In regard to the request for this patient to receive additional electrodes for her home-use TENS unit, the request is reasonable. Progress note dated 07/29/15 has the following: "TENS unit replacement pads times 4 are requested to allow continued use of this conservative treatment modality which the patient reports has provided measurable benefit." It is noted that this patient's current electrodes/pads do not adhere correctly and the patient is requesting replacements. Owing to established long term use and efficacy of this device at home, the issuance of 2 additional pairs of TENS electrodes is a reasonable and appropriate measure. The request IS medically necessary.

Diclofenac 75 mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Diclofenac sodium.

Decision rationale: The patient presents on 07/29/15 with lower back pain, which radiates into the bilateral lower extremities (left greater than right). The pain is rated 8/10 with medications, 10/10 without. The patient's date of injury is 12/06/98. The request is for DICLOFENAC 75MG #90. The RFA is dated 08/17/15. Physical examination dated 07/29/15 reveals tenderness to palpation of the lumbar region from L4-S1 levels, decreased sensation along the L4-5 dermatomal distribution bilaterally, positive straight leg raise test on the left, and positive FABER test bilaterally. The patient is currently prescribed Diclofenac. Patient is currently not working. Official Disability Guidelines, Pain chapter, under Diclofenac sodium has the following: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. It goes onto state that there is substantial increase in stroke. In this case, the provider is requesting a prescription of Diclofenac for the management of this patient's chronic lower back pain. NSAIDs such as Voltaren are not recommended as a first line medication owing to significant cardiovascular risks (equivalent to the risks posed by Vioxx, which has itself been withdrawn from the market). Progress note dated 07/29/15 does not address why this medication is chosen over other NSAID medications, and does not include any statements regarding patient intolerance to first-line options. Without such discussion, this medication cannot be substantiated as an appropriate treatment. Therefore, the request IS NOT medically necessary.