

Case Number:	CM15-0030069		
Date Assigned:	02/23/2015	Date of Injury:	01/30/2004
Decision Date:	06/03/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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: New York

Certification(s)/Specialty: Internal 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 61 year old female who sustained an industrial related injury on 1/30/04. The injured worker had complaints of low back, left hip, left knee, left ankle, left shoulder, neck, and left elbow pain. Diagnoses included discogenic lumbar condition, chronic L5 radiculopathy, Internal derangement of the left knee status post arthroscopy, left ankle sprain, left hip joint arthritis status post total hip replacement, and chronic pain syndrome. Treatment included L5-S1 and S1-S2 transforaminal epidural injection on the left in October 2014. A back brace, knee brace, ankle brace, hot/cold packs, neck pillow, neck traction kit, and a TENS unit were also being utilized. The treating physician requested authorization for an ankle scooter, TENS unit 4 lead, Naproxen, Tramadol ER, Flexeril, Trazodone, and one bottle of LidoPro cream. On 2/3/15, the requests were non-certified. Regarding the ankle scooter, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the documentation does not identify the patient having a level of impairment that would preclude the use of a walker, cane, or manual wheelchair. Regarding TENS, the UR physician cited the MTUS guidelines and noted a TENS unit is not recommended as a primary treatment modality. Regarding Naproxen and Tramadol, the UR physician cited the MTUS guidelines and noted there is no mention of the dose or frequency requested. Regarding Flexeril, the UR physician cited the MTUS guidelines and noted the medication is recommended for short-term treatment only. Regarding Trazodone, the UR physician cited the MTUS guidelines and noted there is no need for the addition of another antidepressant. Regarding LidoPro, the UR physician cited the

MTUS guidelines and noted Lidocaine is only supported in the form of a dermal patch. Therefore, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data, Pain (Chronic) (updated 12/31/14), Knee & Leg (Acute & Chronic) (updated 10/27/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not Addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: ODG recommends Durable Medical Equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The injured worker complains of chronic left ankle pain. Per ODG, Medical conditions that result in physical limitations for patients may require the use of durable medical equipment, but documentation provided shows that this injured worker ambulates with a cane and has access to an ankle brace. The medical necessity for a scooter has not been established. The request for Ankle Scooter is not medically necessary per guidelines.

TENS Unit 4 lead: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, Pain (Chronic) (updated 12/31/14), Knee & Leg (Acute & Chronic) (updated 10/27/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. When prescribed, a 2-lead unit is generally recommended. Per guidelines, if a 4-lead TENS unit is recommended, there must be additional documentation as to the reason why. Physician report indicates a request for a larger TENS Unit. Documentation provided fails to show trial of a specific functional program or details regarding previous trial period of TENS unit or clinical reason to support the medical necessity of a 4 lead TENS Unit. The request for a TENS Unit 4 lead is not medically necessary by MTUS.

Naproxen (dosage & frequency unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of significant functional improvement or documentation of acute exacerbation. With MTUS guidelines not being met, the request for Naproxen (dosage & frequency unspecified) is not medically necessary.

Tramadol ER (dosage & frequency unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol. With MTUS guidelines not being met, the request for Tramadol ER (dosage & frequency unspecified) is not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Flexeril 7.5mg #60 is not medically necessary per MTUS guidelines.

Trazadone (dosage & frequency unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Other Medical Treatment Guidelines Medications.

Decision rationale: ODG recommends that Trazodone may be used as an option for treating insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Documentation shows that the injured worker is also being treated with Effexor and chart notes fail to show additional diagnosis that would require ongoing use of Trazodone. The request for Trazadone (dosage & frequency unspecified) is not medically necessary.

LidoPro Cream QTY 1 (dosage unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Lidopro is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. MTUS provides no evidence recommending the use of topical Menthol. Other than the dermal patch (Lidoderm), no other commercially approved topical formulation of lidocaine, including creams, lotions or gels, are indicated for the treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for LidoPro Cream QTY 1 (dosage unspecified) is not medically necessary.