MAXIMUS Federal Services

Case Number:	CM15-0064581		
Date Assigned:	04/10/2015	Date of Injury:	08/29/2011
Decision Date:	05/27/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/06/2015

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, Massachusetts
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 (IW) is a 59 year old male who sustained an industrial injury on 08/29/2011. He reported severe low back pain and numbness in the right leg as well as severe right ankle pain that was constant. The injured worker was diagnosed as having history of a right foot fracture, complete tear of the anterior talofibular ligament with a sprain of posterior talofibular ligament, as per MRI dated 01/11/2012; vascular insufficiency, aggravation of pre-existing lumbar spine condition; lumbosacral radiculopathy as per NCV/EMG of January 16, 2012; Chronic low back pain; chronic right ankle pain. Treatment to date has included oral medications and injections for pain. His final permanent and stationary report was 07/31/2014. Currently, the injured worker complains of numbness in his right lower extremity. An X-Force unit with solar care is ordered for decompression and stimulation, a right foot /ankle Orthotic boot is ordered, and the medications of Tylenol No. 4, and Prilosec 20mg are also requested for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force with solar care unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 114.

Decision rationale: According to MTUS guidelines: "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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive" The medical records do not make mention of the requested treatment being used as an adjunct to a program of evidence based functional restoration. Additionally there is little research to show TENS is helpful in chronic non-radicular lower back pain... "Although electrotherapeutic modalities are frequently used in the management of CLBP, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. TENS does not appear to have an impact on perceived disability or long-term pain." Consequently, based on the records and cited guidelines the requested therapy is not necessary.

Urinalysis: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The patient should have routine UDS to screen for compliance while be treated with opioids. The CA MTUS states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The reviewer stated it was not appropriate since opioids were also determined not appropriate, however whenever opioids are taken regular UDS is recommended.

Tylenol No. 4 quantity 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: As noted in the peer reviewers note, the CA MTUS guidelines state that this medication is appropriate for moderate to the severe pain, which the patient has been experiencing. The peer reviewer states that the medication is not appropriate as "the patient has previously taken other opiate medications including tramadol and norco, both of which have been modified for weaning and discontinuation based on lack of benefit." Lack of reported benefit in the medical record from other medications is not a justified clinical reason to deny attempting a different medication. Opioid rotation and holidays have been show to be effective

in the management of chronic pain and different medications have differing levels of efficacy for different patients. The requested medication is appropriate PRN treatment for moderate to severe breakthrough pain and the prescribed dosage is within the upper recommended dosage limit. Since there are no contraindications, based on the guidelines and provided guidelines I believe a trial of the above medication is clinically appropriate. The patient should be followed to determine if the medication is efficacious and UDS should be obtained to assess for compliance.