

Case Number:	CM15-0079095		
Date Assigned:	04/30/2015	Date of Injury:	01/14/2014
Decision Date:	07/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois

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 27-year-old male, who sustained an industrial injury on 01/14/2014. He has reported subsequent back and lower extremity pain and was diagnosed with thoracic and lumbar sprain/strain, multilevel disc protrusions and lumbosacral radiculopathy. Treatment to date has included oral pain medication, lumbar epidural steroid injections, physical therapy and chiropractic treatment. In a progress note dated 02/17/2015, the injured worker complained of mid and low back pain radiating to the right leg. Objective findings were notable for tenderness to palpation of the thoracic and lumbosacral spine and decreased range of motion. A request for authorization of TENS units, Tylenol, Ultracet, Flexeril and Lidopro cream was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116-118.

Decision rationale: The injured worker sustained a work related injury on 01/14/2014. The medical records provided indicate the diagnosis of thoracic and lumbar sprain/strain, multilevel disc protrusions and lumbosacral radiculopathy. Treatment to date has included oral pain medication, lumbar epidural steroid injections, physical therapy and chiropractic treatment. The medical records provided for review do not indicate a medical necessity for transcutaneous electrical nerve stimulation (TENS) unit, purchase. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain: Phantom limb pain and CRPS II; and Spasticity. However, although it reduces pain multiple sclerosis, it is ineffective in the treatment of spasticity related to Multiple sclerosis (MS). The medical records indicate the injured worker had been treated with Anti-inflammatory medications, Tylenol #3, epidural steroid injection, unspecified number of physical therapy and chiropractic care, and the worker was on of duty. There is no evidence the injured worker had been tried with 30 days rental of TENS unit, neither was there a documentation that the requested TENS unit would be used as an adjunct to a functional restoration program, nor was there a documentation of the short and long term goals. Therefore, the request is not medically necessary.

Tylenol #3 300mg/30mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 01/14/2014. The medical records provided indicate the diagnosis of thoracic and lumbar sprain/strain, multilevel disc protrusions and lumbosacral radiculopathy. Treatment to date has included oral pain medication, lumbar epidural steroid injections, physical therapy and chiropractic treatment. The medical records provided for review do not indicate a medical necessity for Tylenol #3 is a drug containing Tylenol and Codeine. Codeine is an opioid, a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate that though the injured worker has been using this medication for some time, the injured worker is not being monitored for pain control, adverse effects, activities of daily living, and aberrant behavior. The request is not medically necessary.

Ultracet 37. 5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 01/14/2014. The medical records provided indicate the diagnosis of thoracic and lumbar sprain/strain, multilevel disc protrusions and lumbosacral radiculopathy. Treatment to date has included oral pain medication, lumbar epidural steroid injections, physical therapy and chiropractic treatment. The medical records provided for review do not indicate a medical necessity for Ultracet 37.5/325mg, #60. Ultracet is a medication containing the synthetic opioid, Tramadol, and acetaminophen. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records do not indicate the recommended guidelines for therapeutic trial of opioids were kept in place before initiation of opioid: this includes characterization of the type of pain; documentation of failed treatment with non-opioid analgesics; goal setting; physical and psychological assessment; pain treatment agreement. The request is not medically necessary.

Flexeril 7.5mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 01/14/2014. The medical records provided indicate the diagnosis of thoracic and lumbar sprain/strain, multilevel disc protrusions and lumbosacral radiculopathy. Treatment to date has included oral pain medication, lumbar epidural steroid injections, physical therapy and chiropractic treatment. The medical records do not indicate the medical necessity of Flexeril 7.5mg, #60. Flexeril, Cyclobenzaprine (Flexeril) is a muscle relaxant. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The records indicate the injured worker had back spasms at the time of the request; the injured worker was not at that time being treated with muscle relaxants. The recommended dosing of Flexeril is 5 to 10 mg three times a day for longer than 2-3 weeks taken as is recommended, the quantity is a 20 day supply (three weeks). Therefore the request is medically necessary.

Lidopro cream 20ml, #1: Upheld

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

Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 01/14/2014. The medical records provided indicate the diagnosis of thoracic and lumbar sprain/strain, multilevel disc protrusions and lumbosacral radiculopathy. Treatment to date has included oral pain medication, lumbar epidural steroid injections, physical therapy and chiropractic treatment. The medical records do not indicate the medical necessity of for Lidopro cream 20ml, #1. Lidopro is a topical analgesic containing Capsaicin, Lidocaine, Menthol, and Methyl salicylate. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS further recommends any compounded product that contains at least one drug (or drug class) that is not recommended. The records do not indicate the injured worker has failed treatment with antidepressants and anticonvulsants; also, the requested treatment contains the non recommended menthol and Lidocaine (Lidocaine is not recommended in any formulation other than as lidoderm). The request is not medically necessary.