

Case Number:	CM15-0093218		
Date Assigned:	05/19/2015	Date of Injury:	08/26/2009
Decision Date:	09/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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 53 year old female, who sustained an industrial injury on 08/26/2009. On provider visit dated 04/23/2015 the injured worker has left knee pain. On examination gait was noted as antalgic. Cervical spine was noted to have a restricted range of motion and cervical facet loading was positive on both sides. Lumbar spine was noted to have a restricted range of motion. Left hip was noted to have tenderness over the trochanter. Left knee range of motion restricted and tenderness to palpation was noted as well. The diagnoses have included lumbar radiculopathy, spinal/lumbar degenerative disc disease, cervical disc degenerative disease, cervical facet syndrome and cervical pain. Treatment to date has included medications include: Flexeril, Ibuprofen, Omeprazole, Lyrica, Cymbalta, Norco and Trazadone, and physical therapy. The provider requested TENS unit, left knee steroid injection, Flexeril 10mg, Trazadone 50mg, Norco 10/325, and Lyrica 100mg for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS transcutaneous electrical nerve stimulation Page(s): 114-121.

Decision rationale: This patient presents with chronic knee, lower back, left hip and neck pain. The current request is for a TENS unit. The RFA is dated 04/23/15. Treatment to date has included medications: Flexeril, Ibuprofen, Omeprazole, Lyrica, Cymbalta, Norco and Trazadone, and physical therapy. The patient is working full-time. MTUS Chronic Pain Medical Treatment Guidelines, under TENS transcutaneous electrical nerve stimulation, pg114-121, 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." According to progress report 04/23/15, the patient presents with chronic left knee, low back and neck pain. Cervical spine was noted to have a restricted range of motion and cervical facet loading was positive on both sides. Lumbar spine was noted to have a restricted range of motion. Left hip was noted to have tenderness over the trochanter. Left knee range of motion is restricted and tenderness to palpation was noted as well. Per report 04/23/15, "Request TENS unit per recommendations of physical therapy." The treater has not provided a medical rationale for the request, nor indicated whether this is a request for rental or for home use. In this case, there is no documentation of intent to trial the unit for 30-days prior to purchase or rental. As there is no evidence of a successful 30 day trial performed previously, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.

Left knee steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, corticosteroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections.

Decision rationale: This patient presents with chronic knee, lower back, left hip and neck pain. The current request is for a Left knee steroid injection. The RFA is dated 04/23/15. Treatment to date has included medications, Flexeril, Ibuprofen, Omeprazole, Lyrica, Cymbalta, Norco and Trazadone, and physical therapy. The patient is working full-time. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections states: "Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee. Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease.... Only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. With several weeks of

temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to three." According to progress report 04/23/15, the patient presents with chronic left knee, low back and neck pain. Cervical spine was noted to have a restricted range of motion and cervical facet loading was positive on both sides. Lumbar spine was noted to have a restricted range of motion. Left hip was noted to have tenderness over the trochanter. Left knee range of motion is restricted and tenderness to palpation was noted as well. The treater states that the patient is having increased left knee pain which remains swollen. Recommendation was made for a steroid injection into the left knee. The treater provides Diagnostic History in his progress reports which do not include any imaging of the knees. The patient continues with knee pain but there is no imaging or documentation of osteoarthritis and ODG allows for Corticosteroid injections for patients with osteoarthritis knee pain. There is no evidence of severe arthritis to warrant such injection; therefore, this request IS NOT medically necessary.

Flexeril 10mg every night at bedtime as needed, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with chronic knee, lower back, left hip and neck pain. The current request is for a Flexeril 10mg every night at bedtime as needed, #30. The RFA is dated 04/23/15. Treatment to date has included medications Flexeril, Ibuprofen, Omeprazole, Lyrica, Cymbalta, Norco and Trazadone, and physical therapy. The patient is working full-time. MTUS Chronic Pain Guidelines pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The patient has been taking this medication since at least 10/16/14. The medical reports state that the patient is utilizing Flexeril at night which helps with the spasms. MTUS recommends Flexeril for only for a short period (no more than 2-3 weeks). Given the patient has been taking this medication chronically, recommendation for further use cannot be supported. This request IS NOT medically necessary.

Trazadone 50mg as needed, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter under Trazodone.

Decision rationale: This patient presents with chronic knee, lower back, left hip and neck pain. The current request is for a Trazadone 50mg as needed, #30. The RFA is dated 04/23/15. Treatment to date has included medications Flexeril, Ibuprofen, Omeprazole, Lyrica, Cymbalta, Norco and Trazadone, and physical therapy. The patient is working full-time. The ODG Guidelines under the mental illness and stress chapter has the following regarding Trazodone: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also insomnia treatment, where it says that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." The patient has been taking this medication since at least 10/16/14. The patient reports that she is only able to sleep with taking her medications. With chronic pain, lack of sleep and function, the patient can be depressed as well. The patient reports that medications are working well with no side effects. With medications she is able to perform ADLs including self-care, house hold task and continue to work full-time. On average pain is reduced from 10/10 to 7-8/10 with medications. Trazodone has been prescribed in accordance to ODG guidelines and has been beneficial in reducing the patient's sleep disturbances. This request IS medically necessary.

Norco 10/325mg, four (4) times per day, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, criteria for use, On-going Management Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with chronic knee, lower back, left hip and neck pain. The current request is for a Norco 10/325mg, four (4) times per day, #120. The RFA is dated 04/23/15. Treatment to date has included medications include: ESI, Flexeril, Ibuprofen, Omeprazole, Lyrica, Cymbalta, Norco and Trazadone, and physical therapy. The patient is working full-time. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The patient has been taking this medication since at least 10/16/14. The patient reports that medications are working well with no side

effects. With medications she is able to perform ADLs including self-care, house hold task and continue to work full-time. On average pain is reduced from 10/10 to 7-8/10 with medications. The treater states that the patient does not exhibit any adverse behavior. In this case, the treating physician has provided adequate documentation including the 4As as requirement by MTUS for opiate management. The request IS medically necessary.

Lyrica 100mg, three (3) times per day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19-20.

Decision rationale: This patient presents with chronic knee, lower back, left hip and neck pain. The current request is for a Lyrica 100mg, three (3) times per day, #90. The RFA is dated 04/23/15. Treatment to date has included medications include: ESI, Flexeril, Ibuprofen, Omeprazole, Lyrica, Cymbalta, Norco and Trazadone, and physical therapy. The patient is working full-time. MTUS Guidelines page 19-20 has the following regarding pregabalin- Lyrica: "Pregabalin-Lyrica, no generic available, has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." The MTUS guidelines page 60 states: "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has been prescribed Lyrica since 01/29/15. The treater discontinued Neurontin as the patient continued with significant leg pain despite utilizing Neurontin, and Lyrica was initiated on 01/27/15. A request for refill was made on 04/23/15. In this case, there is no discussion regarding the efficacy of Lyrica to support ongoing use. MTUS guidelines recommend Lyrica for neuropathic conditions, and this patient presents with symptoms consistent with neuropathy; however, given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request IS NOT medically necessary.