

Case Number:	CM13-0000848		
Date Assigned:	02/28/2014	Date of Injury:	04/24/2013
Decision Date:	04/14/2014	UR Denial Date:	06/20/2013
Priority:	Standard	Application Received:	06/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of April 24, 2013. A utilization review determination dated June 20, 2013 recommends no certification of Norco, Ortho Stim Unit, and dermatology consult. Modified certification is recommended for Voltaren and chiropractic care. No certification of Norco is due to lack of documentation that the patient has failed a 1st line analgesic medication. Chiropractic care is modified to allow for a trial of chiropractic therapy for six sessions. Dermatology consultation is noncertified due to lack of documentation about the patient's burn, as well as a lack of clarification as to why a dermatology consult would be indicated. A progress report dated June 7, 2013 includes subjective complaints including neck pain, low back pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain with numbness and tingling, and left leg with a healed burn. Physical examination identifies tenderness to palpation in the lumbar spine and cervical spine with spasm noted, decreased sensation to pinprick in the middle 3 fingers of both hands, and normal motor strength. Diagnoses include cervical sprain/strain, lumbar sprain/strain, bilateral shoulder sprain/strain, bilateral elbow lateral epicondylitis, bilateral wrist sprain/strain, and healed left leg burn. Treatment plan requests chiropractic treatment, Norco, Voltaren XR, Orthostim, and dermatology evaluation for the burn.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION, Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care three times four, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to six visits over two weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to eighteen visits over six to eight weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested twelve treatment sessions exceeds the initial trial recommended by guidelines of six visits. In the absence of clarity regarding the above issues, the currently requested chiropractic care three times four is not medically necessary.

NORCO 2.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is unclear if this is an initial prescription of Norco, or if the patient has previously used Norco. If the patient has previously used Norco, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. If this is the 1st prescription for Norco, there is no documentation that the patient has failed first-line analgesics, no documentation regarding objective treatment goals to be addressed with the prescribed Norco, and no discussion regarding informed consent for the use of opiates. In the absence of clarity regarding those issues, the currently requested Norco is not medically necessary.

VOLTAREN XR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Voltaren (diclofenac), Chronic Pain Medical Treatment Guidelines state that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it is unclear if this is an initial prescription of Voltaren, or if the patient has previously used Voltaren. If the patient has previously used Voltaren, there is no indication that Voltaren is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. If this is a new prescription for Voltaren, guidelines do not support the open-ended use of non-steroidal anti-inflammatory drugs. The currently requested Voltaren XR has no dosage, frequency, or duration of use. Unfortunately, there is no provision to modify the current request. Therefore, the currently requested Voltaren XR is not medically necessary.

ORTHO STIM UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Regarding the request for ortho stim unit, this unit is a combination electrical stimulation unit which includes TENS, interferential current, galvanic stimulation, and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Chronic Pain Medical Treatment Guidelines state that TENS is 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. Guidelines go on to state the galvanic stimulation is not recommended. Additionally, guidelines state that interferential current stimulation is not recommended as an isolated intervention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient is failed a TENS unit trial, as recommended by guidelines. Additionally, there is no indication that the interferential current stimulation will be used as an adjunct to program of evidence-based rehabilitation, as recommended by guidelines. Furthermore, guidelines do not support the use of galvanic stimulation or neuromuscular stimulation. As such, the currently requested ortho stim is not medically necessary.

DERMATOLOGY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine, Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations , PAGE 127

Decision rationale: Regarding the request for dermatology consult, California Medical Treatment Utilization Schedule does not address this issue. American College of Occupational and Environmental Medicine (ACOEM) supports consultation if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no discussion regarding subjective complaints or objective findings with regards to the patient's burn area. There is no indication as to why a dermatology consult would be indicated at the current time (such as itching, discoloration, excoriation of the skin, discharge, contracture, concerns about aesthetics, etc). In the absence of clarity regarding those issues, the currently requested dermatology consultation is not medically necessary.