

Case Number:	CM13-0011416		
Date Assigned:	01/22/2014	Date of Injury:	10/13/2008
Decision Date:	04/02/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

The applicant has filed a claim for chronic knee pain, chronic pain syndrome, and chronic low back pain reportedly associated with an industrial injury of October 13, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; transfer of care to and from various providers in various specialties; multiple interventional spine procedures; long-acting opioids; multiple knee surgeries; and apparent consultation with a psychiatrist. In a Utilization Review Report of July 22, 2013, the claims administrator approved request for topical salicylate patches, Voltaren gel, and a 30-day trial of a TENS unit while denying a functional restoration program, TENS unit purchase, hot and cold wrap, Medrox, and Terocin. The applicant's attorney subsequently appealed. A clinical progress note of December 5, 2013 is notable for comments that the applicant reports 6-8/10 pain. The applicant states that a TENS unit is providing appropriate pain relief. The applicant is apparently working full time as a phlebotomist. She is reportedly depressed and having ongoing issues with insomnia and chronic pain. Norco, Flexeril, hot and cold modalities, and a TENS unit are seemingly endorsed. The applicant is given corticosteroid injection in the clinic. An earlier note of November 12, 2013 is notable for comments that the applicant is on Exalgo, Tramadol, Norco, Percocet, OxyContin, Duragesic, immediate release morphine, and Flexeril. Medications were refilled. An earlier note of October 22, 2013 is again notable for comments that the applicant is working. A September 13, 2013 progress note is notable for comments that the applicant should continue a back rest, hot and cold, and a TENS unit. On August 1, 2013, the attending provider sought authorization for sacroiliac joint injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

functional restoration program evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6, 32.

Decision rationale: While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does state that an evaluation for admission for treatment in a multidisciplinary program should be considered in those applicants who are "prepared to make the effort," page 32 of the MTUS Chronic Pain Medical Treatment Guidelines notes that some of the criteria for pursuit of functional restoration program include evidence that an applicant has a significant loss of ability to function resulting from chronic pain and evidence that other means of treating chronic pain have been unsuccessful. In this case, however, the applicant has seemingly responded favorably to prior treatments, including time, medications, injection therapy, physical therapy, etc. The applicant has been returned to full time work as a phlebotomist. The applicant can theoretically continue her rehabilitation through lower levels of care, including conventional outpatient office visits, physical therapy, counseling, etc. effectively obviating the need for the pain.

TENS UNIT: Overturned

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

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit should be purchased and/or provided on a long-term basis if there is evidence that a TENS unit has generated the appropriate improvement in terms of pain relief and function following completion of the successful one-month trial of the same. In this case, subsequent information obtained following the Utilization Review Report suggests that the applicant did in fact have a favorable response to the TENS unit in terms of pain relief and function. The applicant is apparently using the TENS unit at the end of each workday. The applicant is working. Thus, there is some evidence of appropriate usage, pain relief, and improved function effected as a result of the TENS unit. Therefore, the request is certified.

HOT AND COLD WRAP: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: As noted on page 300 of the MTUS Chronic Pain Medical Treatment Guidelines, "at-home local applications of heat or cold" are considered part and parcel of self-care and are considered as effective as those delivered by physical therapist or, by implication, via high-tech means. In this case, the request seemingly represents request for a simple, reusable hot and cold wrap. This is supported by ACOEM and should be considered part and parcel of the applicant's ongoing self-care. Therefore, the request is certified as written.

MEDROX PATCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant is using numerous first-line oral pharmaceuticals, including Norco, Tramadol, OxyContin, etc. effectively obviating the need for topical agents or topical compounds such as Medrox which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not certified, on Independent Medical Review.

TEROCINE LOTION: Upheld

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

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

Decision rationale: As with the Medrox request, the applicant's successful usage of first-line oral pharmaceuticals effectively obviates the need for largely experimental topical agents such as Terocin, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, as noted previously, the applicant is using numerous other first-line oral pharmaceuticals such as Exalgo, Tramadol, Norco, etc. effectively obviating the need for Terocin. Therefore, the request is likewise not certified, on Independent Medical Review.