

Case Number:	CM13-0011418		
Date Assigned:	11/08/2013	Date of Injury:	07/26/2004
Decision Date:	09/10/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

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 male patient with a date of injury of July 26, 2004. A utilization review determination dated August 6, 2013 recommends non-certification of an ortho stim unit and of medrox ointment TID #120 g. A progress note dated July 3, 2013 identifies subjective complaints of stable low back pain with radiation to the left lower extremity with occasional cramping, difficulty walking, difficulty sleeping due to pain, difficulty sitting, difficulty with activities of daily living due to pain, and intermittent stomach upset due to use of pain medication. Physical examination identifies moderate paralumbar muscle spasm left greater than right, lumbar flexion, extension, and bilateral lateral flexion are 80% of normal. Straight leg raise test is positive on the left at 80 in seated position, the test causes buttock, posterior lateral hip, and thigh and leg pain. Neurological examination reveals decreased sensation to light touch to the top of the left foot, lateral foot and sole in S1 distribution. Diagnoses included lumbar strain with left lumbar radiculopathy and secondary insomnia due to chronic pain. The treatment plan recommends authorization for an ortho stim unit to help manage pain, reduce muscle spasm, reduce inflammation, reduce instability, and increase circulation and range of motion, continue with Vicodin b.i.d. PRN, continue with soma 350 mg b.i.d. PRN, request authorization for naproxen sodium 550 mg b.i.d. PRN, request authorization for Prilosec 20 mg 1 to 2 by mouth daily, request authorization for medrox ointment applied TID #120 g, continue with use of adjustable walking cane during flareups of low back pain, and continue with home exercise including use of stationary bike and stretching as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOSTIM UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

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 has failed a TENS unit trial, as recommended by guidelines prior to an interferential unit trial. 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 OrthoStim Unit is not medically necessary.

MEDROX OINTMENT 120GM TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 113 of 127.

Decision rationale: Regarding request for Medrox (methyl salicylate, menthol, capsaicin) ointment TID #120gm, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical capsaicin guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Medrox (methyl salicylate, menthol, capsaicin) ointment TID #120gm is not medically necessary.

