

Case Number:	CM13-0014160		
Date Assigned:	12/11/2013	Date of Injury:	08/27/2003
Decision Date:	01/21/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48 year old female with an 8/27/03 cumulative trauma industrial injury involving her neck and back. The IMR application shows a dispute with the 8/6/13 utilization review decision. The 8/6/13 utilization review decision is by FORTE and is for denial of replacement pads for a TENS unit, use of Flexeril, Omeprazole, Flector patch and PT 2x4. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement patch for TENS unit: Overturned

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

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

Decision rationale: The request is for pads for the TENS unit, and for the TENS unit itself. The patient already has the TENS unit, so the MTUS criteria for the TENS unit may not be accurate for the issue at hand. The MTUS, ACOEM and ODG do not discuss replacement pads. The highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of

medical practice. The TENS unit is not useful without the pads that are expected to eventual wear out with use. The replacement pads would appear appropriate.

Flexeril 10mg #30: Upheld

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

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

Decision rationale: The 7/25/13 report states Flexeril 10mg #30 was prescribed as 1 tablet at night for spasm. This is a 30-day supply, but MTUS guidelines for Cyclobenzaprine specifically states not recommended for over 2-3 weeks. The request for Flexeril for 30 days will exceed MTUS recommendations.

Omeprazole 25mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68-69.

Decision rationale: The medical records show the patient was having problems with GI upset with the ibuprofen since 12/6/12. The 7/25/13 report state the ibuprofen helps reduce the pain, but upsets her stomach. According to MTUS guidelines for "Treatment of dyspepsia secondary to NSAID therapy, "Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole is a PPI and ibuprofen is an NSAID and is reported to upset the patient's stomach. The request appears to be in accordance with the California MTUS guidelines. &ç;

One box of Flector patches: 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).

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

Decision rationale: The California MTUS states topical NSAIDs are indicated for "osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient is reported to have neck and back pain, MTUS does not recommend topical NSAIDs for treatment

of the spine, hip or shoulder. MTUS also does recommend these for neuropathic pain. The request for Flector patches is not in accordance with MTUS guidelines.

The request for outpatient physical therapy two (2) times a week for four (4) weeks for cervical/lumbar spine: Overturned

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 Physical Medicine Section Page(s): 98-99.

Decision rationale: The California MTUS recommends up to 8-10 physical therapy sessions for various myalgias and neuralgias. The records indicate the last physical therapy the patient had was 14 sessions from 10/2012 to 11/2012. The 7/25/13 report states she has a flare-up of cervical spine pain and spasms. She was shown to have loss of motion in the cervical region. The 8 sessions of physical therapy for the 7/25/13 flare up would appear to be in accordance with MTUS guidelines.