MAXIMUS Federal Services

Case Number:	CM13-0023008		
Date Assigned:	11/15/2013	Date of Injury:	04/01/1994
Decision Date:	02/11/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/11/2013

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, 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 50-year-old female who reported an injury on 04/01/1994. The mechanism of injury was not provided in the medical records. The patient has a history of pain to her neck, upper extremities, and shoulders. She is noted to have received previous cortisone injections to the right shoulder with minimal benefit, underwent a right shoulder arthroscopy and right carpal tunnel release on 03/18/2008 with moderate relief, and a postoperative course of physical therapy. Her subjective complaints include muscle spasms, decreased muscle strength, stiffness, and a tingling pain. The patient continues to complain of chronic neck and right shoulder pain. No other clinical records were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim4 unit between 6/10/2013 and 11/7/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation; and Interferential current stimulation (ICS).

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

Decision rationale: The California MTUS Guidelines recommend electro therapy as an option in the treatment of pain. However, the requested unit includes 4 different electrotherapy

modalities to include neuromuscular electrical stimulation and interferential stimulation. Neuromuscular electrical stimulation is not recommended by CA MTUS Guidelines and Interferential stimulation is not recommended as an isolated intervention and there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Given the requested unit includes electrical stimulation modalities not supported by CA MTUS, the request for 1 OrthoStim 4 unit between 06/10/2013 and 11/07/2013 is non-certified.

Tylenol #3 with Codeine between 6/10/2013 and 11/7/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines codeine Page(s): 35.

Decision rationale: The California MTUS Guidelines recommend codeine as an option to treat mild to moderate pain. Codeine is an opioid and the guidelines for use of opioids do apply. It appears the patient was newly prescribed this medication on 06/10/2013. According to guidelines in regard to the initiation of opioid therapy, the records comply with some of the criteria to include determining if the pain is nociceptive or neuropathic; a failed trial of non-opioid analgesics; and at least 1 physical and psychosocial assessment by the treating doctor. However, certain criteria were not met, to include setting goals for the use of opioids; baseline pain and functional assessments performed; a history of pain treatment and effect of pain on function; assessment of a weaning from opioid possibility; discussion of risks and benefits; a written pain agreement, and a urine drug screen. Without the inclusion of documentation showing all guideline criteria have been met, the medication is not indicated at this time. As such, the request for Tylenol No. 3 with codeine between 06/10/2013 and 11/07/2013 is non-certified.

Voltaren XR between 6/10/2013 and 11/7/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for the short-term treatment of moderate to severe pain. According to the 06/10/2013 clinical note, the prescription for Voltaren XR appeared to be newly prescribed. It was also noted in the clinical record, that there was to only be a 30 day supply in order to help the patient reduce pain and inflammation for the progression in daily living activities and functional restoration. However, subsequent notes indicating the efficacy of this medication were not provided to support

continuation of the medication beyond the initial trial of 30 days. As such, the request for Voltaren XR between 06/10/2013 and 11/07/2013 is non-certified.

Fexmid between 6/10/2013 and 11/7/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Although these medicines are effective in reducing pain and muscle tension, they show no additional benefit over the use of NSAIDs in the long-term. Antispasmodics such as Fexmid are used to decrease muscle spasm and are recommended for a short course of therapy only. It is noted that the greatest effect appears to occur with the first 4 days of use. Guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. According to the clinical note dated 06/10/2013, this newly prescribed medication was to be used twice a day for 30 days. This length of time exceeds guideline recommendations of 21 days. As such, the request for Fexmid between 06/10/2013 and 11/07/2013 is non-certified.