

Case Number:	CM13-0025010		
Date Assigned:	11/20/2013	Date of Injury:	02/24/2003
Decision Date:	01/16/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/17/2013

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 underlying date of injury in this case is 02/24/2003. Treating diagnoses include a cervical strain, shoulder strain, multilevel cervical disc bulging by MRI, upper extremity overuse syndrome, bilateral carpal tunnel syndrome, lumbar sprain, and lumbar disc bulging/protrusion at L2-L3. An initial physician review noted that this patient is a 56-year-old woman with ongoing neck and trapezius pain and related limited range of motion. That review noted that there was insufficient information provided to support the medical necessity of the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Tramadol, page 113, states that tramadol "is not recommended as a first-line oral analgesic." The medical records do not provide a rationale as to why this patient requires other than a first-line analgesic. This request is not medically necessary.

The request for a CBC/chem. panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 70.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Anti-inflammatory Medications states regarding NSAIDS/Specific Drug List, page 70, "Package inserts for NSAIDS recommend periodic lab monitoring of a CBC and chemistry profile." It is not clear in this case if these laboratory studies have been requested and referenced to a particular medication such as this reference in the guideline or otherwise why the CBC/Chem panel was recommended. At this time the medical records do not contain sufficient information to support an indication for these requested laboratory studies. This request is not medically necessary.

The request for OrthoStim4 unit supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: This device is a multiload stimulator unit. Among the components of this device is neuromuscular electrical stimulation. The Chronic Pain Medical Treatment Guidelines Section on Neuromuscular Electrical Stimulation, page 121, states, "Not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain." The medical records do not provide alternate rationale as to why this patient would require neuromuscular electrical stimulation or why the patient would require a multimodality form of electrical stimulation. This request is not medically necessary