

Case Number:	CM13-0029944		
Date Assigned:	11/27/2013	Date of Injury:	09/29/2009
Decision Date:	01/31/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/27/2013

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 Neurology has a subspecialty in Neuromuscular 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:

██████████ is a 59 year old man who sustained a work related injury on September 29 2009. He developed mainly a neck pain but also a lower back pain. His physical examination showed pain on palpation of the cervical area with limited range of motion. He was treated with Anaprox and Prilosec. The provider is requesting authorization for home use of TENS for 6 months and CYCLO 10%, GABAPENTIN 10% GEL 30 GRMS.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- TENS UNIT TRIAL X 6 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no justification for 6 months use of TENS if one

month trial was not effective in relieving patient pain. Therefore, TENS treatment is not medically necessary.

CYCLO 10%, GABAPENTIN 10% GEL 30 GRMS: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation in the patient file that he failed or did not tolerate oral antiseizure or muscle relaxant medications. Based on the above T CYCLO 10%, GABAPENTIN 10% GEL 30 GRMS and DME- TENS UNIT TRIAL X 6 MONTHS are not medically necessary.