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| Case Number: | CM13-0048716 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/19/2013 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 11/06/2013 |

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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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:

This patient reported an injury on 03/19/2013; the mechanism of injury was that the patient reportedly moved a 600 pound lapping plate which fell against the inside of the right leg resulting in pain. The diagnosis was right knee contusion. There was also reported right foot pain; 3rd and 5th metatarsal fracture in clinical note dated 07/03/2013. An unofficial, undated, x-ray showed right foot transverse fracture of the 3rd metatarsal and comminuted fracture of the 5th metatarsal with widening fracture line, uneven joint narrowing of the 5th metatarsocuboid joint; and moderate to severe soft tissue edema. The patient is status post ORIF of the 3rd and 5th metatarsal fractures (date of surgery not provided). Other therapies include chiropractic care 2x week for 6 weeks initially and then continued for 2x week for 6 more weeks, a home exercise program, and bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Norflex 100mg #60 (DOS 8/14/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65.

Decision rationale: CA MTUS Guidelines states that Norflex is similar to diphenhydramine, but has greater anticholinergic effect. The mode of action is not clearly understood but its use is as a skeletal muscle relaxant; generally for acute or subacute spasm. In the clinical information provided, there was no evidence of spasm to support the need for and continued use of Norflex or the patient's response to this medication to support continuation. As such, the request is non-certified.

The request for Multi stim Unit (DOS 8/14/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Transcutaneous Electrotherapy (Interferentia.

Decision rationale: The CA MTUS Guidelines states a TENS unit not recommended as a primary treatment modality, but a one-month home-based TENS trial, if used as an adjunct to a program of evidence-based functional restoration. The CA MTUS Guidelines state that Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. There was no clinical information provided to indicate increased functional improvement, less pain, and evidence of medication reduction. Also, the patient is not noted to have sustained a stroke which is what CA MTUS supports the use of NMES for. As such, the requested service is non-certified.