

Case Number:	CM13-0049725		
Date Assigned:	12/27/2013	Date of Injury:	04/27/2012
Decision Date:	05/19/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 is a 63-year-old female who was injured in a work related accident that occurred on 04/27/12. The injury occurred while pushing a patient in a wheelchair resulting in acute low back and knee complaints. Clinical records for review include a 10/01/13 follow-up at which time she presented with continued left knee and low back related complaints. The document reflected that she is status post a left total knee arthroplasty that took place in April 2013. Her physical examination shows tenderness to the lumbar spine with palpation and restricted lumbar range of motion. There were no documented knee findings. Treatment recommendations were for the continued use of a TENS unit to control pain related complaints and medications to include over the counter Motrin, Omeprazole and Tramadol. Formal imaging with respect to the claimant's low back and knee is not noted. There is no documentation as to the nature of prior treatment beyond surgery and use of the TENS unit. It is noted that the claimant has been utilizing the TENS device dating back to early 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-115.

Decision rationale: The California MTUS Guidelines would not support the continued use of a TENS unit. The claimant continues to be symptomatic with no documentation of long term benefit or improvement with use of the device. There has been no indication of advancement of work related or physical activities. Absent documentation of benefit with the TENS unit the continued use of the device is not supported as medically necessary.

TRAMADOL 50 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

Decision rationale: MTUS guidelines would not support the use of Tramadol in this case. Tramadol has not been known to be beneficial in the chronic setting of low back complaints greater than 16 weeks. Records indicate that the claimant has been utilizing Tramadol for longer than the previously mentioned timeframe. As the duration for appropriate use of this medication has been exceeded, it cannot be recommended as medically necessary.