

Case Number:	CM13-0058385		
Date Assigned:	12/30/2013	Date of Injury:	04/28/2005
Decision Date:	03/20/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in Interventional Spine 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 51 year-old female who was injured on 4/28/2005. According to the 11/13/13 report from [REDACTED], the patient presents with pain in the low back and both lower extremities. She uses a cane and wheelchair at home. She was diagnosed with lumbar disc degeneration, degeneration in a cervical disc, pain in joint in lower leg. She has a TENS for the back which helps, but the electrodes and leads that she was sent do not fit the unit. She is reported to have received a replacement shower chair, but was denied a motorized scooter and lumbar support. She requested a Back Wave traction cushion for home use because she had this at the chiropractor's office and it helped. She was prescribed Capsaicin 0.075% cream; the Back Wave traction cushion was requested and replacement TENS supplies were requested. On 11/19/13 utilization review authorized the TENS supplies for 3 months, and denied the Capsaicin cream and the Back wave traction cushion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit supplies-batteries & lead/wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115.

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

Decision rationale: The patient presents with back and leg pain. She was diagnosed with lumbar disc degeneration and pain in a joint in the leg. The California MTUS states TENS can be used for neuropathic pain, CRPS, spasticity, phantom limb and MS. The 10/2/13 report does not indicate that the patient has any of these conditions. The 11/18/13 report states the physician had a peer-to-peer with utilization review and that they had already approved the TENS unit. There is no documentation of neuropathic pain nor spasticity, CRPS or phantom limb or MS. The use of TENS in this case, is not in accordance with MTUS guidelines. The supplies necessary for use of a device that is not in accordance with MTUS guidelines, does not appear medically necessary.

A back wave traction cushion for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48-50, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with back and leg pain. The request is for a Back Wave traction cushion for home use. This is a passive device and the patient's condition is chronic. The California MTUS and ACOEM do not recommend passive therapy devices beyond the subacute phase of care. The California MTUS/ACOEM topics states: "Traction has not been proved effective for lasting relief in treating low back pain." The request is not in accordance with MTUS/ACOEM guidelines.

Capsaicin 0.075% cream, #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with chronic low back and leg pain. The request is for Capsaicin 0.075% topical. The 11/18/13 report states the patient has trialed Gabapentin and Venlafaxine, but they were not helpful. The California MTUS states Capsaicin has benefit for patients with OA, fibromyalgia and chronic non-specific back pain. The request was for the 0.075% Capsaicin, but MTUS states the 0.25% strength is for the OA, and the 0.075% strength is for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain and that: "There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." The request for use of the 0.075% strength Capsaicin for non-specific low back pain is not in accordance with MTUS guidelines.