

Case Number:	CM13-0059912		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2008
Decision Date:	04/09/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, myofascial pain syndrome, shoulder pain, and low back pain reportedly associated with industrial injury of February 28, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; transfer of care to and from various providers in various specialties; unspecified amounts of psychological counseling; psychological testing; and the apparent imposition of permanent work restrictions through a medical legal evaluation. In a Utilization Review Report of November 18, 2013, the claims administrator approved a request for Lyrica, denied a request for Tramadol, and denied a request for purchase of an H-Wave home care system, citing a lack of supporting documentation behind the denial. In a progress note of November 6, 2013, the applicant presents with persistent issues with anxiety attacks and right shoulder pain. The applicant is having elevated blood pressure and heightened anxiety complaints. She has exhausted her supply of pain medications, it is suggested. Operating diagnoses include neck pain, shoulder pain, wrist pain, depression, anxiety, and low back pain. Lyrica is endorsed as the applicant apparently failed Neurontin. An H-Wave home care system and Tramadol are also endorsed. The applicant is described as applying for unemployment compensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 150 MG #90, 1 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation American Pain Society and American Academy of Pain Medicine, Opioid Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 94.

Decision rationale: As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is "indicated for moderate-to-severe pain." In this case, the applicant is described as having heightened pain complaints. She had apparently exhausted her supply of other analgesic medications, including Norco, as of the office visit in question. Given her ongoing multifocal pain complaints in the moderate-to-severe range, the introduction of Tramadol was indicated an appropriate choice here. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

H WAVE HOME CARE SYSTEM PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-Wave home care systems are, at best tepidly endorsed in the treatment of diabetic neuropathic pain and/or chronic soft tissue inflammation in those applicants who have tried and failed other appropriate modalities, including pain medications, physical therapy/home exercises, and a conventional TENS unit. In this case, an analgesic medication, Tramadol, has been certified above. There is no evidence that the applicant had previously tried and/or failed a TENS unit. Usage of the H-Wave device is not indicated, for all of the stated reasons. Therefore, the request is not certified, on Independent Medical Review.