

Case Number:	CM13-0067345		
Date Assigned:	01/03/2014	Date of Injury:	02/10/2012
Decision Date:	05/28/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 50-year-old female who reported an injury on 02/10/2012. The mechanism of injury was not provided for review. The injured worker was evaluated on 11/12/2013. It was documented that the injured worker had left shoulder pain radiating down to the left hand and low back pain radiating into the bilateral hips. Physical findings included tenderness to palpation in the lumbosacral spine with reduced range of motion secondary to pain and tenderness to palpation of the left shoulder with range of motion within normal limits; however, painful. The injured worker's diagnoses included left shoulder impingement syndrome, musculoligamentous sprain of the lumbar spine, and disc protrusion of the lumbar spine. A request was made on 11/13/2013 for a force stimulator TENS unit. Treatment goals included to reduce pain reduce edema; improve range of motion and activities of daily living. It was also documented that a urine drug screen would be requested to monitor for medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

X FORCE TENS UNIT PURCHASE PLUS THREE MONTH SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116.

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

Decision rationale: The requested X force TENS unit for purchase plus 3 month supplies is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of a TENS unit as an adjunct therapy to an active Functional Restoration Program. Additionally, a 30 day trial is recommended prior to the purchase of the equipment. The clinical documentation submitted for review does not provide any evidence that the injured worker is currently participating in any type of active therapy that would benefit from the adjunct therapy of a TENS unit. Additionally, there is no documentation that the injured worker has already undergone a 30 day trial that provided significant functional benefit and pain relief. Therefore, the purchase of a TENS unit is not supported. As such, the requested X force TENS unit purchase plus 3 month supplies is not medically necessary or appropriate.

STIMULATOR LEAD 2/MONTHS FOR 3 MONTHS (LEADS) QTY:6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested durable medical equipment is not supported, the ancillary supplies are also not supported.

LEAD WIRES (PAIR): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested durable medical equipment is not supported, the ancillary supplies are also not supported.

CONDUCTIVE GARMENTS FOR USE W/ X-FORCE UNIT QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested durable medical equipment is not supported, the ancillary supplies are also not supported.

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The requested Prilosec 20 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that gastrointestinal protectants be used for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide a medication history or a current list of medications to support the need for a gastrointestinal protectant. Also, the injured worker's most recent clinical evaluation does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at significant risk for developing gastrointestinal symptoms related to medication usage. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Prilosec 20 mg #60 is not medically necessary or appropriate.

SOMA 350MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL, (SOMA), Page(s): 24,29,65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS, Page(s): 63.

Decision rationale: The requested Soma 350 mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. The California Medical Treatment Utilization Schedule recommends that muscle relaxants be limited to duration of 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does not clearly identify that the injured worker has had an acute exacerbation of chronic pain that would benefit from a muscle relaxants. Additionally, the request is for 30 pills. This would exceed the recommendation of 2 to 3 weeks of treatment. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Soma 350 mg #30 is not medically necessary or appropriate.

URINE TOXICOLOGY TESTING AT NEXT VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS STEPS TO AVOID MISUSE/ADDICTION Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING, Page(s): 43.

Decision rationale: The requested urine toxicology testing at the next visit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends drug testing for injured workers who exhibit signs and symptoms that provide suspicion of illicit drug

use or when it is necessary to monitor the injured worker for medication compliance. The clinical documentation submitted for review does not provide a medication list to support that the injured worker needs to be monitored. Additionally, there is no documentation of signs and symptoms of overuse or withdrawal. The clinical documentation does not provide any evidence of suspicion of illicit drug use. Also, the clinical documentation does indicate that the injured worker submitted to a urine drug screen in 06/2013. The need for an additional urine drug screen was not justified within the documentation. As such, the requested urine toxicology testing at the next visit is not medically necessary or appropriate.