

Case Number:	CM14-0003955		
Date Assigned:	01/31/2014	Date of Injury:	05/05/2010
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in 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 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 44-year-old female who reported an injury on 05/12/2010. The mechanism of injury was not stated. The current diagnosis is failed back syndrome, status post lumbar and thoracic spine fusion. The injured worker was evaluated on 01/08/2014. Physical examination revealed tenderness to palpation of the paravertebral muscles, spasm, restricted range of motion, and positive straight leg raise bilaterally. Treatment recommendations included continuation of current medication and a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one month home based trial may be considered as a noninvasive conservative option. There should be evidence that other

appropriate pain modalities had been tried and failed. As per the documentation submitted for review, there is no indication of a failure to respond to other appropriate pain modalities. There is no documentation of a successful one month trial period prior to the request for a purchase. There is also no treatment plan including the specific short and long term goals of treatment submitted for review. Based on the clinical information received and the MTUS Guidelines, the request is non-certified.

ONE (1) PRESCRIPTION OF CARISOPRODOL 350MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66; 124.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. As the MTUS guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. The documentation provided also failed to provide details regarding the efficacy of this medication to support continued use. There is also no frequency listed in the current request. As such, the request is non-certified.

ONE (1) PRESCRIPTION OF OXYCODONE HCL 30MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. Based on the clinical information received, the request is non-certified.