

<b>Case Number:</b>	CM14-0108129		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 47-year-old female who was reportedly injured on March 13, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 14, 2014, indicates that there are ongoing complaints of neck pain, low back pain, and bilateral shoulder pain. The physical examination demonstrated tenderness over the cervical spine paraspinal muscles and decreased cervical spine range of motion. There was a normal upper extremity neurological examination. Examination of the bilateral shoulders revealed tenderness at the rotator cuff insertion and the lateral deltoid. There was slightly decreased right shoulder range of motion and a positive Hawkins test. The right-sided supraspinatus strength was rated at 4/5. Examination of the lumbar spine noted tenderness along the paraspinal muscles with decreased lumbar spine range of motion. There was a normal lower extremity neurological examination and a non-antalgic gait. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes over-the-counter Tylenol. A request was made for Flector Patches, Tramadol and an inferential unit and was not medical necessary in the pre-authorization process on June 11 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 1.3% x1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines support Topical Non-Steroidal Anti-Inflammatory Drugs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record does indicate that the injured employee has a history of colitis and is unable to take anti-inflammatory medications, however it is also said that the injured employee does obtain relief with using over-the-counter Tylenol. As such, this request for Flector patches is not medically necessary.

**Tramadol 50mg #30 x1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain. The attach medical record indicates that the injured employee has pain relief with using over-the-counter Tylenol. As there is no evidence of failure with this first-line treatment option, this request for Tramadol is not medically necessary.

**Meds-4 Interferential Unit with Garment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the usage of an Inferential Stimulation Unit includes documentation of pain that is ineffectively controlled to diminished effectiveness of medications or that the engine employs unresponsive to conservative measures. The employee states that there is pain relief with using over-the-counter Tylenol. Additionally she will be starting authorize acupuncture and physical therapy. Considering this, the request for a Meds-4 Inferential Unit with Garment is not medically necessary.