

Case Number:	CM14-0018639		
Date Assigned:	04/18/2014	Date of Injury:	07/03/2007
Decision Date:	07/02/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 57 year old female who reported an injury on 07/03/2007 of unknown mechanism. The clinical report dated 03/13/2014 indicated a diagnoses of lumbar facet arthropathy, lumbar radiculitis, left knee pain, myositis/myalgia, medication related dyspepsia, constipation, unspecified and hypothyroidism, unspecified. The injured worker reported lower back pain that radiated down the left lower extremity. She rated her pain at 2/10 with medication and 8/10 without medication. On physical exam, there was tenderness to palpation at the L4-S1 level and the range of motion to the lumbar spine was moderately limited due to pain. The medication regimen included moxib, senekot, and tramadol. The request for authorization was submitted on 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS ELECTRODES, QTY 6.00: Upheld

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

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

Decision rationale: The request for TENS electrodes, QTY 6.00 is non-medically necessary. The injured worker was diagnosed with lumbar facet arthropathy, lumbar radiculitis, left knee pain, myositis/myalgia, medication related dyspepsia, constipation, unspecified and hypothyroidism, unspecified. The California Chronic Pain Medical Treatment Guidelines indicate TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if it part of a rehabilitation program. There is no documentation of the injured worker in a rehabilitation program. Additionally, there is no documentation in the records of functional benefit from the TENS. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for TENS electrodes, QTY 6.00 is non-medically necessary.

TENS BATTERIES, QTY 6.00: Upheld

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

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

Decision rationale: The request for TENS Batteries , QTY 6.00 is non-medically necessary. The injured worker reported lower back pain that radiated down the left lower extremity. The California Chronic Pain Medical Treatment Guidelines indicate TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if it part of a rehabilitation program. As concurrent request for Tens electrodes were non-medically necessary, per the The California Chronic Pain Medical Treatment Guidelines request for TENS batteries QTY 6.00 is non-medically necessary.

TENS 8 PADS, QTY 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 114-121.

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

Decision rationale: The request for TENS 8 pads, QTY 6.00 is non-medically necessary. The injured worker was diagnosed with of lumbar facet arthropathy, lumbar radiculitis, left knee pain, myositis/myalgia, medication related dyspepsia, constipation, unspecified and hypothyroidism, unspecified. . The California Chronic Pain Medical Treatment Guidelines indicate TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if it part of a rehabilitation program. As concurrent request for Tens electrodes were non-medically necessary, per , per the The California Chronic Pain Medical Treatment Guidelines request for TENS 8 pads QTY 6.00 is non-medically necessary.

TRAMADOL HCL 50MG QTY 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The request for tramadol 50mg QTY 120 is medically necessary. The injured worker was diagnosed with of lumbar facet arthropathy, lumbar radiculitis, left knee pain, myositis/myalgia, medication related dyspepsia, constipation, unspecified and bypothyroidism, unspecified. The California Chronic Pain Medical Treatment Guidelines state Tramadol is a centrally acting synthetic opiod analgesic. The 4 A's for Ongoing Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors. The injured worker has reported pain relief, lack of adverse side effectis and the injured worker's functioning improves with the Tramadol. There has been no documuntation of abererant drug-related behavior and the injured worker is compliant with drug screening. Therefore, per the California, Chronic Pain Medical Treatment Guidelines, the request is medically necessary.

SENOKOT-S 8.6-50MG QTY 60.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The request for tramadol 50mg QTY 120 is medically necessary. The injured worker was diagnosed with of lumbar facet arthropathy, lumbar radiculitis, left knee pain, myositis/myalgia, medication related dyspepsia, constipation, unspecified and bypothyroidism, unspecified. The California Chronic Pain Medical Treatment Guidelines state Tramadol is a centrally acting synthetic opiod analgesic. The 4 A's for Ongoing Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors. The injured worker has reported pain relief, lack of adverse side effectis and the injured worker's functioning improves with the Tramadol. There has been no documuntation of abererant drug-related behavior and the injured worker is compliant with drug screening. Therefore, per the California, Chronic Pain Medical Treatment Guidelines, the request is medically necessary.