

Case Number:	CM14-0131331		
Date Assigned:	08/20/2014	Date of Injury:	05/21/2010
Decision Date:	10/03/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal 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 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 45 year old male injured on 05/21/2010 due to an undisclosed mechanism of injury. The injured worker underwent microdiscectomy on 05/28/12 with continued postoperative low back pain radiating to the left lower extremity. Diagnoses include status post microdiscectomy on 05/28/12 and lumbar discogenic pain. Clinical note dated 07/09/14 indicates the injured worker presented for persistent low back pain with flare up for approximately 3 weeks and increased pain with radiation posteriorly down the right lower extremity. The injured worker rated pain at 9/10 with decrease to 6/10 with medications. The injured worker reported decrease in activities of daily living due to recent flare of pain; however, was able to perform activities of daily living such as cooking, cleaning, laundering, and self-hygiene. The documentation indicates the injured worker required sticky pads for TENS unit which had been very helpful in decreasing overall pain. Prior documentation indicates the injured worker utilizing TENS unit on daily basis. Colace helped prevent constipation, and Neurontin helped lower extremity radiating symptoms. Physical examination revealed significantly flared, looked uncomfortable, changing positions frequently, significantly decreased range of motion at the waist, and ambulating with cane favoring lower back and positive right leg lift. Toradol injection 30 mg in the left deltoid was provided in the office. Medications included Ultracet, Gabapentin, and Colace. The initial request was non-certified on 07/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ice packs DOS 7/9/14: 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 online version Low Back Complaints, Hot and Cold Therapies.

Decision rationale: As noted in the CAMTUS, at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold is recommended for the treatment of low back disorders. However, there is no indication there is no indication the injured worker cannot utilize readily available over-the-counter ice packs or application of ice contained within plastic bags. As such, the request for Ice packs DOS 7/9/14 cannot be recommended as medically necessary at this time.

Retrospective review for toradol injection 30mg DOS 7/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. There is no indication in the documentation provided that the injured worker was being treated for an acute injury. As such, the Retrospective review for toradol injection 30mg DOS 7/9/14 cannot be recommended as medically necessary.

Retrospective review for relafen 750mg #120: 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 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, Relafen is utilized in the treatment of symptoms associated with arthritis. There is no indication the injured worker has been diagnosis with or is being treated for symptoms associated with arthritis.

As such, the request for Retrospective review for relafen 750mg #120 cannot be established as medically necessary.

Retrospective review for ultracet 37.5mg #240 #100 DOS 7/9/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Tramadol/Acetaminophen (Ultracet).

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Retrospective review for ultracet 37.5mg #240 #100 DOS 7/9/14 is recommended as medically necessary at this time.

Retrospective review for TENS unit DOS 7/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

Decision rationale: As note on page 116 of the Chronic Pain Medical Treatment Guidelines, TENS use 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 used as an adjunct to a program of evidence-based functional restoration. Criteria for TENS use includes documentation of pain of at least three months duration; evidence that other appropriate pain modalities have been tried (including medication) and failed; a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; other ongoing pain treatment should also be documented during the trial period including medication usage; and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was no documentation of functional improvement as a result of the use of the TENS unit. As such, the request for Retrospective review for TENS unit DOS 7/9/14 cannot be recommended as medically necessary.