

Case Number:	CM14-0182595		
Date Assigned:	11/07/2014	Date of Injury:	05/07/2006
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational 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:

This patient is a 71 y/o female who has developed persistent myofascial pain subsequent to an injury dated 6/7/06. She has been diagnosed with chronic cervical pain, shoulder impingement and generalized myofascial pain. Treatment consists of trigger point injections every few months, office dispensed topicals and office dispensed TENS pads. No oral analgesics are reported. There is no documentation of VAS scores, there is no documentation regarding the use patterns of a TENS unit and/or what benefits it provides. Urine drug testing has been collected 7/10/14 and 10/9/14. The rationale and results of the testing is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine screen DOS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: MTUS supports the judicious use to evaluate for the use of illegal drugs and/or the possibility of diversion with prescribed opioids. There is no documentation of

prescribed opioids and there is no documentation of medication related aberrant behaviors. The urine drug screening is not medically necessary.

TENS pads x2 dispensed: Upheld

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

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

Decision rationale: MTUS Guidelines list very specific standards to justify the use of TENS units. The records are not consistent with the Guideline standards. There is no documentation of a trial period that resulted in improved VAS scores, improved function or diminished reliance on other treatments such as the regular trigger point injections. Without documentation of initial and ongoing benefits the dispensed TENS pads are not consistent and are not medically necessary.

Menthoderm gel 120gm #2 PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates Topical Page(s): 105.

Decision rationale: Menthoderm is a mix of Salicylate and Menthol that is physician dispensed as a specialty compounded medication. MTUS Guidelines support the use of topical Salicylates, but the Guidelines are specific that recommended use is via common over the counter preparations such as Ben-Gay. The Guidelines do not support the use of compounds that are presented as special and/or unique compounded pharmacological blends. The Menthoderm is not supported by Guidelines and is not medically necessary.