

Case Number:	CM14-0021592		
Date Assigned:	05/05/2014	Date of Injury:	02/20/2001
Decision Date:	08/04/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The patient is a 58-year-old male who has filed a claim for right shoulder arthropathy associated with an industrial injury date of February 20, 2001. Review of progress notes indicates right shoulder pain with. Findings include decreased range of motion; tenderness over the biceps tendon; and positive Speed's, Neer, and Hawkin's signs. The patient continues to work full time. Treatment to date has included opioids, TENS, right shoulder injections, and right shoulder surgeries in 2001, 2002, 2003, and 2004. Utilization review from January 30, 2014 denied the requests for TENS unit, 3 month supply of electrodes pads #24, and battery power packs #72 as the patient has previously used a TENS unit, and still remains off work 13 years post-injury; and Ultram ER 100mg #60 as there was no documentation of improvement. There was modified certification for Ultram 50mg for #40 as there was no documentation of return to work or functional improvement, and weaning was initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116..

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach. How often the unit was used, outcomes in terms of pain relief and function, and other ongoing treatment should also be documented during the trial period. TENS may be appropriate for neuropathic pain, CRPS (chronic regional pain syndrome), phantom limb pain, spasticity associated with spinal cord injury, and multiple sclerosis. This patient has been using TENS since at least February 2013, which provides pain relief and allows the patient to work. Progress note from January 06, 2014 indicates that the patient's TENS unit was broken. The patient reports that use of the TENS unit is critical as it provides pain relief and the capacity to work. The patient operates machinery and cannot take much pain medication due to the side effects. Therefore, the request for a TENS unit is medically necessary.

Three month supply of electrodes pads, 24 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 114-115.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is medically necessary, the associated parts are also deemed medically necessary.

72 battery power packs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 114-115.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is medically necessary, the associated parts are also deemed medically necessary.

Ultram ER 100mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Page(s): 78-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain

relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least February 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for Ultram ER 100mg, sixty count, is not medically necessary or appropriate.

Ultram 50mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least February 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for Ultram 50mg, sixty count, is not medically necessary or appropriate.