

Case Number:	CM14-0030199		
Date Assigned:	06/20/2014	Date of Injury:	09/06/2005
Decision Date:	08/15/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 patient is a 79-year-old male with date of injury 09/06/2005. He has diagnoses of cervical sprain with multilevel degenerative disc disease and right shoulder strain/sprain. He has been treated from a conservative perspective and although no documentation is provided as to outcomes, he has failed chiropractic and standard physical therapy, per the notes. He has failed Norco and is now on Ultram and the notes reflect improvement in pain scores and function. The current request is for Ultram 50mg and a home transcutaneous electric nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: MTUS states Ultram can be considered for chronic pain when other reasonable alternatives have been tried. The patient has failed standard medical therapy for his chronic pain, per the notes provided, and the Ultram trial has shown improvement in both

function and pain scores. Therefore, the continued use of Ultram is medically indicated and necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electric Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: MTUS allows transcutaneous electric nerve stimulation (TENS) as a secondary modality for treatment of chronic pain. However, a one month trial must be documented and outcomes reported, before long-term TENS can be authorized. A treatment plan with both long-term and short-term goals must be documented as well. Given no documentation as to a prior one month trial of TENS and outcome, a home based TENS unit cannot be considered medically necessary at this time.