

Case Number:	CM14-0031650		
Date Assigned:	06/20/2014	Date of Injury:	11/11/2008
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery 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 43-year-old male injured on November 11, 2008. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 12, 2014, indicated that there were ongoing complaints of low back pain. The physical examination was not discussed in this progress note. Diagnostic imaging studies were not referenced in the medical records presented for review. Previous treatment included multiple medications and other conservative interventions. A request had been made for transcutaneous electrical nerve stimulation (TENS) unit and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulator (TENS) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support the use of this type of device as a primary treatment modality. There was no data presented suggesting that a trial of this device has been attempted, and there was no evidence suggesting any efficacy or utility for this type of intervention. Given multiple other pain interventions being employed, there was insufficient clinical information presented to support this request. Therefore the request for Transcutaneous Electrical Nerve Stimulator (TENS) unit is not medically necessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 82 & 113.

Decision rationale: This medication is a synthetic centrally acting opioid analgesic. The progress notes indicate a continuing use of medication without any objective data demonstrating improvement in function or the ability to return to work or one of the pain levels have been positively affected. As such, there was insufficient clinical information presented to support this request. Therefore, the request for Tramadol 50mg is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68.

Decision rationale: This medication is a protein pump inhibitor designed for the treatment of those with gastrointestinal reflux disease. This is a gastric protectant against those who are using non-steroidal medications. Neither situation is reported in the medical records reviewed. As such, there is no clinical indication presented to support this request. Therefore, the request for Omeprazole 20mg is not medically necessary.

Menthoderm 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 105.

Decision rationale: Menthoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. Treatment guidelines indicate topical analgesics are largely experimental

and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Chronic Pain Medical Treatment Guidelines specifically comment on individual ingredients used in a topical preparations and do not recommend "other" ingredients. The medication prescribed has active ingredients such as methyl salicylate and menthol. It is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent. Additionally, the guidelines specifically state, that if any product that contains at least one drug or drug class that is not recommended, the entire product is not recommended. When noting that neither menthol nor methyl salicylate is indicated for the treatment of tenosynovitis and is not supported by the Chronic Pain Medical Treatment Guidelines, the request is considered not medically necessary.