

Case Number:	CM14-0034114		
Date Assigned:	06/20/2014	Date of Injury:	11/24/2008
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/18/2014

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 employee is a 45-year-old female injured in January 2014. The mechanism of injury is noted as cumulative stress. The most recent progress note, dated March 24, 2014, indicates that there are ongoing complaints of depression and anxiety. The physical examination noted a flat affect. The treatment plan included eight sessions of group psychotherapy and referral to an internal medicine doctor. On a previous visit dated February 6, 2014, there were complaints of increasing numbness in the right hand. The injured employee was noted to have partially improved bilateral wrist pain. The physical examination revealed tender trigger points at the bilateral wrists and a positive Tinel's test on the right greater than left side. A request had been made for an inferential unit and Relafen and was not medically necessary in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Inferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS (Inferential Current Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 118.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of an inferential unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Potential uses also justified if there is in adequate pain control from existing medications. The medical record does not state that this unit is an adjunct to additional therapies nor does it state there is an adequate pain control with current medications. This request for the use of an inferential unit is not medically necessary.

1 Relafen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26, MTUS (Effective July 18, 2009) Page(s): 67 OF 127.

Decision rationale: According to the attached medical record the injured employee's previous usage of Naprosyn was discontinued due to gastrointestinal symptoms. Knowing this it is unclear why there is a prescription for Relafen as it is another anti-inflammatory. The request for Relafen is not medically necessary.