

Case Number:	CM14-0035916		
Date Assigned:	06/23/2014	Date of Injury:	01/25/2011
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine and Rehabilitation 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 62-year-old female with a reported injury on 01/25/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 05/08/2014 reported that the injured worker complained of low back pain. The physical examination was negative for any significant abnormalities. The injured worker's diagnoses included lumbar strain. The injured worker's prescribed medication list included Ultram ER, Colace, prednisone, Effexor XR, and Benadryl. The provider requested H-Wave trial due to the injured worker having already used a TENS unit. The provider also requested Ultram for pain and Colace for constipation. The request for authorization form was submitted on 03/12/2014. The injured worker's prior treatments included a TENS unit. The date of utilization and the efficacy of the TENS unit was not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The injured worker complained of low back pain. The treating physician's rationale for the H-Wave is due to the injured worker's previous trial of the TENS unit. The California MTUS Guidelines do not recommend the H-Wave stimulation (HWT) as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. It is noted that the injured worker has previously used the TENS unit; however, the date it was last used and its efficacy was not provided within the clinical notes. Moreover, the requesting provider did not specify the utilization frequency or the location of the application for the H-Wave being requested. In addition, the Guidelines do not recommend the H-Wave as an isolated intervention. The provider also did not specify the duration for the utilization for the requested H-Wave. As such, the request is not medically necessary.

Ultram ER 100 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The injured worker complained of low back pain. The treating physician's rationale for Ultram ER is for the treatment of pain. The California MTUS Guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of clinical information provided documenting the specific efficacy of the Ultram ER as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted report. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary.

Colace 250 mg bid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The physical examination of the injured worker's GI system revealed non-tender non-distended abdomen. It is noted that the injured worker is reported to have GERD. The California MTUS Guidelines indicate prophylactic treatment of constipation should be initiated.

There is a lack of clinical information indicating medication-induced constipation. There is a lack of clinical information provided documenting the efficacy of Colace as evidence by decreased constipation and significant objective functional improvements. Moreover, it cannot be determined if Colace is an ongoing prescription or the initiation of therapy. In addition, the requesting provider did not specify the quantity being requested. As such, the request is not medically necessary.