

Case Number:	CM14-0044285		
Date Assigned:	07/02/2014	Date of Injury:	03/29/2013
Decision Date:	08/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 23-year-old female with a reported date of injury on 03/29/2013. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include lumbosacral myoligamentous sprain/strain, lumbar facetitis/facet syndrome, mild mechanical discogenic low back pain, and degenerative disc/spondylitic disease to the lumbosacral spine. Her previous treatment were noted to include chiropractic care, physical therapy, acupuncture, TENS unit, and medications. The progress note dated 03/27/2014 revealed the injured worker complained of constant burning/stabbing pain in the center and to the right of her lower back. The injured worker revealed the pain radiated into the right lower extremity to the level of the foot. The injured worker denied numbness and tingling of the right lower extremity, but noticed numbness of the 3rd and 4th left toes. The injured worker revealed the use of a TENS unit at physical therapy helped alleviate her pain the most. The physical examination of the lumbar spine noted decreased range of motion, positive straight leg raise, tenderness to palpation at the supraspinatus ligament L4-sacrum and right erector spinae, and the deep tendon reflexes were equal bilaterally. The progress note dated 05/09/2014 revealed the injured worker complained of pain rated 6/10 in severity with activity and 3/10 at rest. The injured worker revealed her pain intermittently went down her right leg and that physical therapy, chiropractic care, and acupuncture only gave her temporary relief and she wanted to hold off of injections. The physical examination of the lumbar spine revealed a decreased range of motion and tenderness to palpation at the bilateral erector spinae. The request for authorization form dated 03/27/2014 was for a multi-stim plus supplies to help relieve pain and a Flector patch #60 apply to the lumbosacral or to the lumbar spine twice a day for lumbosacral myoligamentous sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-Stim Unit & Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (Tens) Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, pages 114, 116 Page(s): 114, 116.

Decision rationale: The request for a Multi-Stim Unit & Supplies is non-certified. The injured worker has failed previously with acupuncture, chiropractic care, and physical therapy. The California Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The guideline criteria for the use of TENS are: documentation of pain of at least 3 months' duration; there must be evidence that other appropriate pain modalities have been tried (including medication) and failed. A 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities with a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The documentation provided indicated the injured worker had failed conservative treatment; however, the request failed to provide whether this was for a rental or purchase and the length of time requested. Therefore, the request is non-certified.

Flector Patch apply to L/S BID #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical non-steroidal anti-inflammatory drugs (NSAIDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker complains of low back pain and has failed conservative treatment. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that the efficacy of clinical trials for topical NSAIDs have been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo in the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect

appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies on their effectiveness or safety. The guideline indications for topical NSAIDs are osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain as there is no evidence to support use. The FDA approved topical NSAID is Voltaren gel 1% and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (such as the ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. The injured worker does not have a diagnosis of osteoarthritis and her pain is located to her lumbar spine which is not approved by the guidelines. Therefore, the request is not medically necessary.