

Case Number:	CM14-0061894		
Date Assigned:	07/11/2014	Date of Injury:	02/02/2014
Decision Date:	09/12/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/03/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 28-year-old male who reported an injury on 02/02/2014. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar intervertebral disc without myelopathy, lumbar discogenic syndrome, lumbosacral or thoracic neuritis or radiculitis, and sacroiliac ligament sprain/strain. Previous treatments included physical therapy, medication, and TENS unit. Diagnostic testing included an MRI and EMG. Within the clinical note dated 05/02/2014, it was reported the injured worker complained of low back pain, right greater than left. He rated his pain 5/10 in severity. He described the pain as constant, pressure and sharp, worse with activity. He complained of pain which radiated to the right lower extremity with numbness/tingling to the toes. Upon the physical examination the provider noted the injured worker was alert and oriented. He indicated the injured worker's skin that was clean/dry/intact. The provider requested a TENS unit for home use for low back, Lidoderm cream and tramadol for pain control. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121 gm 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Lidopro ointment 121 g with 1 refill is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 05/2014, which exceeds the guidelines' recommendation of short-term use. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.

Tramadol 50 mg #90 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for tramadol 50 mg #90 with 1 refill is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of significant objective findings warranting the medical necessity for the request. There is lack of documentation indicating the efficacy of the medication as evidenced by objective functional benefit improvement. The injured worker has been utilizing the medication since at least 05/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

TENS unit, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116.

Decision rationale: The request for TENS unit for the lumbar spine is not medically necessary. The California MTUS Guidelines recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. There is evidence that other

appropriate pain modalities had been tried and failed, including medication. There is lack of documentation indicating significant deficits upon the physical examination. The injured worker's previous course of conservative care was not provided for clinical review. There is lack of documentation indicating the injured worker underwent an adequate trial of the TENS unit. The request submitted failed to provide whether the provider indicated the injured worker to purchase or rent the unit. Therefore, the request is not medically necessary.