

Case Number:	CM14-0062022		
Date Assigned:	07/09/2014	Date of Injury:	01/27/2009
Decision Date:	09/09/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/02/2014

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 and is licensed to practice in Nevada. 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 record, presented for review, indicates that this 39-year-old female was reportedly injured on 1/27/2009. The mechanism of injury is undisclosed. The most recent progress note, dated 3/20/2014, indicated that there were ongoing complaints of chronic neck pain. The physical examination demonstrated cervical spine limited range of motion guarded but normal range of motion of the upper extremities, muscle strength was 4/5 of the upper extremities secondary to pain, slight decreased sensation to light touch of the lateral/medial aspect of the right upper arm. Reflexes were 2/4 in upper extremities, and tenderness to palpation across the neck. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request was made for Topamax 25 milligrams quantity fifteen and transcutaneous electrical nerve stimulation (TENS) unit was not certified in the preauthorization process on 4/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of one TENS unit: 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 : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113-116.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality, and there is no documentation of a previous one month trial. Furthermore, the MTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and reduction, and there is no noted efficacy provided in the progress notes presented for review. As such, the request for purchase of a TENS unit is considered not medically necessary.

Topramax 25 mg #15: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16, 21.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) supports the use of anticonvulsants but notes that topiramate may be used as a second line agent after other anticonvulsants have been trialed and failed. Based on the clinical documentation provided, there is no indication that other anticonvulsants have been trialed. As such, the request is considered not medically necessary.