

Case Number:	CM14-0074165		
Date Assigned:	08/06/2014	Date of Injury:	05/26/2001
Decision Date:	09/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 Ohio. 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 59-year-old female who reported an injury on 05/26/2001. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar spine discogenic disease, bilateral wrist sprain/strain, tenosynovitis, status post right wrist surgery, status post right and left knee surgery, bilateral knee degenerative disc disease, status post right ankle and foot surgery, sleep disturbances, depression, and hypertension. Previous treatments included medication and surgery. Diagnostic testing included an MRI dated 12/12/2009. Within the clinical note dated 07/17/2014, it was reported the injured worker complained of lower back, bilateral knee, and right ankle/foot pain. She complained of numbness to the right wrist/hand. She rated her pain 7/10 in severity. Upon the physical examination of the lumbar spine, the provider noted the injured worker had grade II tenderness to palpation over the paraspinal muscles. The injured worker had restricted range of motion. Upon examination of the right wrist and hand, the provider noted the injured worker had tenderness to palpation with spasms. Upon examination of the knee, ankle, and foot the provider noted the injured worker had tenderness to palpation with restricted range of motion. The provider requested acupuncture therapy, Lasix, Norco, interferential unit, TGHOT cream, and Temazepam. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IASIX 40MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium. Medical Management of Adults with Hypertension. 2013 Aug: 1 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:MedlinePlus, Furosemide, online database, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682858.html>.

Decision rationale: The request for IASIX 40MG, #30 is not medically necessary. MedlinePlus states Lasix is a water pill used to reduce the swelling and fluid retention caused by various medical problems, including heart or liver disease. It is also used to treat high blood pressure. It causes the kidneys to get rid of unneeded water and salt from the body into the urine. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of subjective and objective findings indicating the provider suspected the injured worker to have swelling and fluid retention caused by various medical problems, or to treat high blood pressure. Therefore, the request is not medically necessary.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning.

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 Norco 10/325mg, #60 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. 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 01/2014. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of the urine drug screen was not provided for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

1 IF (Interferential) Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The request for 1 IF (Interferential) Unit is not medically necessary. The California MTUS Guidelines do not recommend a stim care unit 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. It may possibly be appropriate for the following conditions, if documented, that pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions which limits the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures. There is a lack of documentation provided that would reflect diminished effectiveness of medications, history of substance abuse, or any postoperative conditions which would limit the injured worker's ability to perform exercise programs/physical therapy treatments. There is lack of documentation indicating the injured worker is unresponsive to conservative measures. The requesting physician did not include an adequate and complete assessment of the injured worker's functional condition which would demonstrate deficits needing to be addressed as well as establish a baseline by which to assess objective functional improvement over the course of therapy. Therefore, the request is not medically necessary.

8 Sessions of Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 sessions of acupuncture is not medically necessary. The acupuncture medical treatment guidelines note acupuncture is based as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication induced nausea, promote relaxation in anxious patients and reduce muscle spasms. The time to produce effect includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Acupuncture treatments may be extended if functional improvements are documented. There is lack of documentation indicating the injured worker has tried and failed conservative therapy. There is lack of documentation indicating the injured worker is not able to tolerate pain medications or pain medications have been reduced. The number of sessions requested exceeds the guideline recommendations of 3 to 6 treatments. Therefore, the request is not medically necessary.

TGHot 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-113.

Decision rationale: The request for TGHot 180gm is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. The guidelines note gabapentin is not recommended to be used for topical treatment. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide a treatment site. In addition, the injured worker has been utilizing the medication since at least 01/2014 which exceeds the guideline recommendations of short-term use. Therefore, the request is not medically necessary.

Temazepam 15mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines, Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Temazepam 15mg, #30 is not medically necessary. The California MTUS Guidelines do not recommend Temazepam for long-term use due to its long-term efficacy being unproven and there is risk of dependence. The guidelines also recommend the limited use of Temazepam to 4 weeks. The injured worker has been utilizing the medication since at least 01/2014 which exceeds the guideline recommendations of 4 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.