

Case Number:	CM14-0088154		
Date Assigned:	07/23/2014	Date of Injury:	03/27/2011
Decision Date:	08/29/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/12/2014

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, 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 38-year-old female who reported an injury 03/27/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 04/29/2014 is handwritten and hard to decipher. The clinical note indicated diagnoses of cervical strain/sprain, mild impingement syndrome bilateral shoulders, bilateral mild carpal tunnel syndrome and flexor extensor tendinitis both upper extremities. The injured worker reported residual pain in the neck and the right trapezius and low back pain. The injured worker reported occasional popping in the left wrist, occasional burning pain in the neck with certain movements. The injured worker reported use of a TENS Unit for pain. The injured worker reported she took her medication as needed. The injured worker reported she tried over-the-counter Salonpas patches with benefit. On physical exam, the injured worker had positive Spurling's on the right, positive Tinel's sign and a positive Phalen's bilaterally. The injured worker's treatment plan included a request for TENS Unit, refill of medication, repeat urine drug screen, and return to clinic as needed. The provider submitted a request for Salonpas patches, Skelaxin, and TENS pads and leads for TENS Unit purchase. A Request for Authorization dated 05/06/2014 was submitted for medications and TENS leads and pads unit purchase; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salonpas patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG, Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICAL Page(s): 105.

Decision rationale: The California MTUS guidelines recommend Salonpas, a topical salicylate, is significantly better than placebo in chronic pain. There is a lack of quantified pain assessment by the injured worker. In addition, was not indicated that antidepressants and anticonvulsants had failed. Moreover, the request did not indicate a frequency, dosage, or quantity for this medication. Therefore, the request is not medically necessary.

Skelaxin 800 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SKELAXIN Page(s): 61.

Decision rationale: The request for Skelaxin 800 mg is not medically necessary. The California MTUS guidelines state Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. Skelaxin is a muscle relaxant that is reported to be relatively non-sedating. It was not indicated if the injured worker had tried a first line treatment. In addition, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for acute exacerbations or muscle spasms. Moreover, the request did not indicate a frequency or quantity for the medication. Therefore, the request is not medically necessary.

Pads and leads for TENS (transcutaneous electrical nerve stimulation) unit, purchase:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

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

Decision rationale: The request for Pads and Leads for TENS (transcutaneous electrical nerve stimulation) unit, purchase is not medically necessary. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within 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. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). It is not indicated how long the injured worker had been utilizing the TENS Unit. In addition, there was lack of documentation of efficacy and functional improvement with the use of the TENS Unit. The request did not indicate if the injured worker needed a 2-lead or a 4-lead unit. Moreover, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.