

Case Number:	CM14-0090842		
Date Assigned:	09/10/2014	Date of Injury:	10/03/2008
Decision Date:	10/14/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/17/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain, upper back pain, and neck pain reportedly associated with an industrial injury of October 3, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and apparent provision with a TENS unit. In a Utilization Review Report dated June 4, 2014, the claims administrator denied a request for TENS unit patches, and denied a request for various topical compounded drugs. The applicant's attorney subsequently appealed. In a progress note dated August 6, 2014, the applicant was described as performing regular duty work task as a police officer despite ongoing complaints of neck pain, mid back pain, low back pain, and shoulder pain. Manipulative therapy and myofascial release therapy were apparently sought. In a July 16, 2014 progress note, the applicant was again returned to regular duty work. Authorization for TENS unit patches was sought. Tramadol and Ambien were apparently renewed. The applicant was again asked to continue working unrestricted. The applicant posited that ongoing usage of the TENS unit, Motrin, and Tramadol were ameliorating her ability to return to work and diminishing her pain scores from 5/10 to 2/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit patches: Overturned

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 Criteria for the Use of TENS topic. Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit and/or associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome in terms of both pain relief and function during said one-month trial of said TENS unit. In this case, the applicant has reported an appropriate reduction in pain levels with ongoing usage of the TENS unit. The applicant has reportedly achieved and/or maintained successful return to work status with the TENS unit patches, the attending provider has posited. Providing associated supplies, such as the patches at issue, is therefore indicated. Accordingly, the request is medically necessary.

1 Prescription Flurbiprofen/Cyclobenzaprine/Menthol cream 180g: 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 Topical Analgesics topic. Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

1 Prescription Kera-Tek gel: 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 Topical Analgesics topic. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are largely experimental. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Motrin, Tramadol, etc., effectively obviates the need for the largely experimental Kera-Tek gel at issue. Therefore, the request is not medically necessary.