

Case Number:	CM14-0093272		
Date Assigned:	07/25/2014	Date of Injury:	09/23/2013
Decision Date:	09/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/19/2014

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 ankle and low back pain reportedly associated with an industrial injury of September 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 30, 2014, the claims administrator failed to approve a request for ibuprofen and a TENS unit. The applicant's attorney subsequently appealed. In a progress note dated May 20, 2014, the applicant reported that ongoing usage of the TENS unit had diminished her pain complaints from 50% to 60%. 6/10 ankle, low back, and knee pain were reported. The applicant apparently posited, albeit incompletely, that ongoing usage of medications and TENS unit were ameliorating her ability to perform laundry and household chores. Ongoing usage of the medications and TENS unit were also reportedly diminishing the applicant's pain complaints. The applicant was asked to continue home exercises. Work restrictions were endorsed. It was not clearly stated whether or not the applicant was working or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase 1 Transcutaneous Electrical Nerve Stimulation (TENS Unit) and Supplies:
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, purchase of a TENS unit should be considered if there is evidence that the applicant has had prior favorable one-month trial of the same, with favorable outcomes in terms of both pain relief and function. In this case, the attending provider has posited that ongoing usage of the TENS unit has diminished the applicant's pain complaints, has facilitated her ability to do home exercises, and has facilitated her ability to perform activities of daily living, including care for her children, including by doing laundry. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.

Prospective Request for Pharmacy Purchase of Ibuprofen 800mg #30 x 3 Refills:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, antiinflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. The attending provider has suggested that ongoing usage of ibuprofen has been efficacious as evinced by the applicant's diminished pain complaints and heightened ability to perform activities of daily living, including care for her children. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.