

Case Number:	CM14-0119814		
Date Assigned:	09/03/2014	Date of Injury:	03/19/2007
Decision Date:	01/15/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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 Interventional Spine Pain Management 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 patient is a 52 year old male with an injury date of a 03/19/07. Based on the 06/27/14 progress report, the patient complains of constant cervical spine pain at 4/10 that radiates to the right arm and head. The patient has constant lumbar spine pain at 5/10 that radiates to bilateral legs, pain is worse in the right leg and numbness is worse in the left leg. On examination, the patient is in a wheel chair, has a knee brace with weakness of muscle at 4/5 in the right leg. There is a positive straight leg raise on the right of 35 degrees and decreased sensation in the right foot. His diagnoses include following: disc dis nec/nos-lumbar, lumbosacral neuritis nos and disc dis nec/nos-cerv. The treatment plan is to request P-trim device unit. Based on the 05/13/14 report, the patient complains of right side chest pain and acid reflux with difficulty of sleeping, and anxiety. His diagnoses were: 1. Status post lumbar spine surgery with residual severe chronic pain (date is not given) 2. Gastroesophageal reflux disease, secondary to medications and stress 3. Constipation, secondary to narcotics 4. History of rectal bleeding (controlled with medication) 5. Diabetes mellitus, triggered by work-related injury 6. Hyperlipidemia, secondary to diabetes mellitus 7. Cephalgia, secondary to stress 8. Sleep disorder, secondary to pain and stress 9. Anxiety/depression 10. Sexual dysfunction, non-organic 11. Frequency urinary/incomplete bladder emptying/nocturia 12. Hepatomegaly with elevated liver function enzymes, due to narcotics 13. Narcotic dependency (referred to MPN pain management specialist). The medications are Prilosec, Gaviscon, Colace, Gemfibrozil, Lovaza, and Crestor. The treatment plans are to request, pain management consultation secondary to narcotic dependency, a Home Health Care evaluation for home health aide, and an orthopedic-spine consultation. The treating physician is requesting Consult/Referral, Auricular Electro-acupuncture, and Transdermal Meds. The utilization review determination being

challenged is dated 07/09/14. The requesting provider provided treatment reports from 01/04/13-06/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult/referral: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Chapter 7 page 127.

Decision rationale: This patient presents with cervical and lumbar spine pain. The request is to Pain management consultation secondary to narcotic dependency per 05/13/14. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines support referral to a specialist to aid in complex issues. This patient suffers from chronic pain and the request is medically necessary.

Auricular Electroacupuncture: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Auricular electroacupuncture

Decision rationale: This patient presents with cervical and lumbar spine pain. The request is for Auricular Electro-acupuncture. Per 06/27/14, the provider states that need P-Trim device unit to prevent for pain medication. According to ODG guideline under Pain (Chronic) chapter states that Auricular Electro-acupuncture is "not recommended. The evidence is insufficient to evaluate the effect of auricular Electroacupuncture on acute and chronic pain." The ODG guidelines do not support Auricular Electroacupuncture for acute and chronic. The request is not medically necessary.

Transdermal Meds: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines,Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: This patient presents with cervical and lumbar spine pain. The request is for Transdermal Meds. The provider requested transdermal meds on 06/27/14 and stated "transdermal meds helped a lot." Review of progress reports does not discuss this request and the utilization review letter is not revealing as to what the request specifically is. MTUS does not support topical products unless all of the ingredients are indicated. If one of the components is not indicated, then the entire compound is not indicated. MTUS page 8 requires that the treating physician provide patient monitoring and make appropriate recommendations. In this case, since the request is for "transdermal" without a description as to what this is, the request is not medically necessary.