

Case Number:	CM14-0195673		
Date Assigned:	12/03/2014	Date of Injury:	03/14/2011
Decision Date:	02/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, has a subspecialty in Interventional Spine 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 45-year-old male with an injury date of 03/14/2011. Based on the 04/24/2014 progress report, the patient complains of low back pain and right knee pain which he rates as a 7-8/10. The patient has right lower extremity tingling/numbness. The patient has tenderness to palpation over the lumbar paraspinal musculature as well as tenderness to palpation over the medial and lateral patella. The 06/26/2014 report indicates that the patient has right knee pain and lower back pain. He rates his lower back pain as an 8/10 and his right knee pain as a 7/10. He has noticed increased pain in his left first 3 toes that is worse with walking. His lower back pain is exasperated by walking. In regards to the lumbar spine, the patient has a decreased range of motion secondary to pain. He has decreased sensation in the L4 distribution. The 10/06/2014 report states that the patient has lower back pain which he rates as an 8/10 and right knee pain which he rates as a 7/10. The patient now also has left knee pain which he rates as a 4/10. There were no additional positive exam findings provided. The patient's diagnoses include the following: Lumbar degenerative disk disease. Osteoarthritis - other specific sites (knee, hip). Myofascial pain. S/P right knee surgery, 2011. Left knee compensatory pain. The utilization review determination being challenged is dated 10/23/2014. There were 4 treatment reports provided from 04/24/2014 - 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Medications for Chronic Pain Page(s): 22; 60.

Decision rationale: According to the 10/06/2014 progress report, the patient complains of having low back pain, right knee pain, and left knee pain. The request is for FENOPROFEN 400 MG #60 for mild pain. There is an indication of when the patient began taking Fenoprofen. The MTUS Guidelines page 22 on anti-inflammatory medications state that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, a long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes may also be noted when medications are used for chronic pain. It appears that this is the patient's first trial of Fenoprofen. The patient does present with low back pain which he rates as an 8/10, has a decreased lumbar spine range of motion, and has tenderness to palpation of the paraspinal musculature. Given the patient's chronic low back pain, the trial of Fenoprofen appears to be reasonable. The requested Fenoprofen IS medically necessary.

Topical TENS Patch times two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) for chronic pai.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS units Page(s): 116.

Decision rationale: According to the 10/06/2014 progress report, the patient presents with lower back pain, right knee pain, and left knee pain. The request is for a TOPICAL TENS PATCH TIMES TWO. Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnoses of neuropathy, CRPS, spasticity, phantom limb pain and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the treating physician does not provide any discussion regarding this request. There was no mention of the patient previously using the TENS unit for a 1-month trial, as required by MTUS Guidelines. There are no discussions regarding any outcomes for pain relief and function. The treating physician has not indicated need for TENS unit based on MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which TENS unit are indicated for. Therefore, the requested TENS unit IS NOT medically necessary.