

Case Number:	CM14-0208078		
Date Assigned:	12/22/2014	Date of Injury:	03/11/2013
Decision Date:	02/25/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 57-year-old female sporting goods department manager who sustained an industrial injury on March 11, 2013. On the date of the injury the patient was lifting a box containing bicycle parts weighing approximately 20 pounds and sustained an injury to her lumbar spine. The patient is diagnosed with chronic lumbar spine strain. Treatment to date has consisted of acupuncture and chiropractic care. The patient was seen on October 8, 2014 at which time she was returned to work at full duty as of November 21, 2014. Request was made for Celebrex and Lorzone. Request was also made for transcutaneous neurostimulator for two-month rental. On a request for authorization dated October 29, 2014, request was made for tens unit with supplies for one month rental, Terocin patch #30, and retrospective Toradol injection given on October 29, 2014. Examination narrative dated October 29, 2014 notes that the patient presents for severe pain radiating to her rights lower extremity rated 8/10. The patient is inquiring about Tens unit. Examination revealed right sacroiliac joint tenderness, positive compression test. It is again noted that the patient's has never been tried on Tens unit and she may benefit from a Tens unit to help manage her pain and increase her functional mobility capacity so she can return to work. The patient is diagnosed with chronic lumbosacral strain. On a letter of appeal dated October 28, 2014 to treating physician notes that the patient has never had a trial of tens unit. It is noted that acupuncture and chiropractic treatment in the past has provided temporary relief. Utilization review dated November 20, 2014 noncertified the request for Tens unit with supplies for one month rental, Toradol injection, and Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit w/ supplies 1 month rental: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Tens unit ,

Decision rationale: Per the CA MUTS guidelines, TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis . In this case, the patient is diagnosed with chronic lumbosacral strain. According to ODG's low back chapter, TENS is not recommended as an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. The patient has failed conservative care consisting of acupuncture and chiropractic treatments. At this juncture, it would be reasonable to allow a one-month trial of tens unit to determine if decrease in medication usage and increase in function can be obtained. The request for Tens with supplies one month rental is medically necessary.

Therapeutic injection toradol 60mg (retrospective 10/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Ketorolac (Toradol,) is not indicated for minor or chronic painful conditions. In this case, the patient is diagnosed with chronic lumbosacral strain. The guidelines specifically state that Toradol injections are not indicated for chronic painful conditions. The retrospective review for Toradol injection given on October 29, 2014 is therefore not medically necessary.

Terocin patch #30 (pharmacy purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110--112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com

Decision rationale: Terocin lotion contains Methyl Salicylate, Capsaicin, Menthol and Lidocaine. Per the CA MTUS guidelines, topical medications are largely experimental. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is only recommended for peripheral neuropathic pain and only in a dermal patch formulation. Furthermore, while methyl salicylate is recommended, the guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no evidence that the patient has failed first line treatments or is unable to tolerate oral medications. The request for Terocin patches is not medically necessary.