

Case Number:	CM15-0145649		
Date Assigned:	08/10/2015	Date of Injury:	04/18/2014
Decision Date:	09/29/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 18, 2014. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve requests for an interferential unit and ibuprofen. The claims administrator referenced an RFA form received on June 17, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten progress note dated June 15, 2015, the applicant was placed off of work, on total temporary disability, for an additional six weeks owing to ongoing complaints of neck and low back pain, reportedly moderate-to-severe. A psychiatry consultation, Flexeril, Motrin, Prilosec, Methoderm gel, and an interferential stimulator were endorsed. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit: 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 Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: No, the request for an interferential unit [purchase] is not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential stimulator on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of increased functional improvement, less reported pain and medication reduction achieved as a result of interferential stimulation usage during an earlier one-month trial of the device in question. Here, however, the attending provider seemingly sought authorization to purchase the device on June 15, 2015 without having the applicant first undergo one-month trial of the same. Therefore, the request is not medically necessary.

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for ibuprofen, an anti-inflammatory medication, is likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider's June 15, 2015 progress note was difficult to follow, thinly and sparsely developed, not altogether legible, did not incorporate any discussion of medication efficacy. The applicant's complaints of moderate-to-severe pain on that date, coupled with the applicant's failure to return to work, taken together, however, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing ibuprofen usage. Therefore, the request is not medically necessary.