MAXIMUS Federal Services

Case Number:	CM15-0146347		
Date Assigned:	08/07/2015	Date of Injury:	02/15/2012
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/28/2015

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: California, North Carolina
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 injured worker is a 45 year old female, who sustained an industrial injury on February 15, 2012. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having sacroiliac ligament sprain-strain, lumbar strain-sprain, hip or thigh strain and contusion of chest wall. Treatment to date has included medication and Transcutaneous Electrical Nerve Stimulation (TENS) unit. A progress note dated July 15, 2015 provides the injured worker complains of low back pain and left shoulder, rib and hip pain. She reports Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication help. Physical exam notes undescribed tenderness to palpation and a normal gait. The plan includes Transcutaneous Electrical Nerve Stimulation (TENS) patches, and oral and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x 2 pairs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 116.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines states that electrotherapy is not recommended as an isolated intervention. In this case, a statement on the referral form states that TENS helps with pain, however it is not clear what type of pain the TENS unit is being prescribed for. The patient has no documentation of radiculopathy, CRPS, spasticity or spinal cord surgery to support the request for a TENS unit. Therefore, no neuropathic pain mechanism can be identified. In addition, there is no ongoing functional restoration program in conjunction with TENS use. Therefore, the medical necessity for TENS patches x 2 pairs is not medically necessary or appropriate.

Voltaren gel (1 oz tube) QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, the request is for Voltaren gel, a topical NSAID. However, the patient is already taking an oral NSAID, Naproxen. Taking two NSAIDs is not recommended and increases the likelihood of adverse reactions. There is also no indication as to what part of the body the Voltaren is to be applied to. Therefore, the request is not medically necessary or appropriate.