

Case Number:	CM15-0195711		
Date Assigned:	10/09/2015	Date of Injury:	09/24/2014
Decision Date:	12/14/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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

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 injured worker is a 53 year old male, who sustained an industrial injury on 09-24-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical spine sprain-strain with radiculitis, thoracic spine sprain-strain, lumbar spine sprain-strain with radiculitis, right shoulder sprain-strain, right elbow contusion, right wrist-hand sprain-strain, right hip sprain-strain, status post right thigh surgery with residuals, and right knee sprain-strain. Treatment and diagnostics to date has included chiropractic treatment and medications. Recent medications have included Tramadol, Fexmid, and Terocin patches. After review of progress notes dated 04-08-2015 and 08-26-2015, the injured worker reported neck, mid-upper-lower back, right shoulder, right elbow, right wrist- hand, right hip-thigh, right knee, and left ankle-foot pain. Objective findings included neck, low back, right shoulder, and right hip tenderness with restricted range of motion. The Utilization Review with a decision date of 09-15-2015 modified the request for acupuncture to cervical, lumbar, right upper extremity, and right lower extremity 2x6 to acupuncture to cervical, lumbar, right upper extremity, and right lower extremity 6 sessions and non-certified the request for Fexmid 7.5mg #90, TENS-EMS (Transcutaneous Electrical Nerve Stimulation-Electronic Muscle Stimulation), Terocin patch #30, and Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the cervical, thoracic, lumbar, right upper extremity & right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 12 treatments is greater than the number recommended for a trial to determine efficacy. The original reviewer modified the request to 6 sessions to comply with the MTUS Guidelines. Acupuncture 2 times a week for 6 weeks for the cervical, thoracic, lumbar, right upper extremity & right lower extremity is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Tramadol 50mg #60 is not medically necessary.

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Fexmid 7.5mg #90 is not medically necessary.

Terocin patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The active ingredients of Terocin patches are menthol 4% and lidocaine 4% and are classified as a topical analgesic. The MTUS does not recommend topical analgesics unless trials of antidepressants and anticonvulsants have failed. The medical record does not document failed attempts to alleviate the patient's pain with either antidepressants or anticonvulsants. Terocin patches #30 are not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) - Electronic muscle stimulator (EMS):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. Transcutaneous electrical nerve stimulation (TENS) Electronic muscle stimulator (EMS) is not medically necessary.