

Case Number:	CM15-0020441		
Date Assigned:	02/10/2015	Date of Injury:	02/17/2009
Decision Date:	04/03/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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: Physical Medicine & Rehabilitation

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 58-year-old male who reported an injury on 02/17/2009. The mechanism of injury was not provided. The injured worker underwent an arthroscopy of the right shoulder with a partial rotator cuff tear on 03/14/2011 and had a left shoulder arthroscopy. The documentation of 12/24/2014 revealed the injured worker was taking tramadol 150 mg ER daily. The injured worker indicated he had a severe headache and went to a drug store and took his blood pressure which was 185/93 and his heart rate was 93. The injured worker was noted to have photophobia and phonophobia associated with headache and an aura. There was no nausea and vomiting. The injured worker denied palpation. The injured worker was noted to have a history of a stroke 6 months prior to examination. The physical findings revealed the injured worker had tenderness to palpation in the left trapezius and paraspinal muscle spasms. The injured worker had tenderness to palpation in the left lateral elbow with guarding in the left upper extremity. The diagnoses included SLAP tear, shoulder sprain/strain, postoperative chronic pain, and myofascial pain. The treatment plan included TENS unit patches x2 and sumatriptan 50 mg, as well as gabapentin. The documentation indicated the triptan was dispensed to use for severe migraines. The injured worker was to continue self-care, home exercise program, and a TENS unit. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS Patch x2 (DOS: 12/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review indicated the injured worker had utilized the TENS for therapy. However, there was a lack of documentation of objective functional benefit and pain relief from the use of the TENS unit. As such, the necessity for TENS unit patches was not established. Given the above, the request for retrospective TENS unit patch x2 (date of service 12/24/2014) is not medically necessary.

Retrospective Sumatriptan 50mg #9 (DOS: 12/24/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines indicate that triptans are recommended for migraine headaches. The clinical documentation submitted for review indicated the injured worker had classic signs of migraines headaches. This medication would be appropriate. However, the request as submitted failed to indicate the frequency for the requested medication. As such, the request for retrospective sumatriptan 50 mg #9 (date of service 12/24/2014) is not medically necessary.