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| Case Number: | CM15-0215380 | | |
| Date Assigned: | 11/05/2015 | Date of Injury: | 07/01/2013 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 10/27/2015 |
| Priority: | Standard | Application Received: | 11/02/2015 |

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 shoulder pain reportedly associated with an industrial injury of July 1, 2013. In a Utilization Review report dated October 27, 2015, the claims administrator failed to approve requests for ibuprofen and a TENS unit with associated supplies. An RFA form received on October 20, 2015 and an associated October 7, 2015 office visit were referenced in the determination. The applicant's attorney subsequently appealed. On October 15, 2015, the applicant reported multifocal complaints of shoulder and wrist pain. The applicant's work status was not clearly detailed. On October 7, 2015, the applicant reported multifocal complaints of shoulder, wrist, and hand pain, collectively scored at 6/10. Ibuprofen was renewed, seemingly without any discussion of medication efficacy. The applicant was given an extremely proscriptive 5-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. Overall commentary was sparse. There was no mention of the TENS unit in the body of the October 7, 2015 office visit, although an attached RFA form of the same date seemingly suggested that a TENS unit was being proposed on a purchase basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ibuprofen 800mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for Ibuprofen (Motrin), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Ibuprofen (Motrin) provide traditional first-line treatment for various chronic pain conditions. 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 applicant's work status was not clearly reported on October 7, 2015. The fact that a rather proscriptive 5-pound lifting limitation was imposed on that date, however, suggested that the applicant was not, in fact, working. No seeming discussion of medication efficacy transpired on the October 7, 2015 office visit at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.

1 TENS unit plus supplies: Upheld

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

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

Decision rationale: Similarly, the request for a TENS unit [purchase] plus supplies was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier 1-month trial of the same, with beneficial outcome present in terms of pain relief and function. Here, however, neither the October 7, 2015 RFA form nor an associated progress note of the same date made any mention of the applicant's having first employed the TENS unit in question on a trial basis before the request to purchase the same was initiated. Therefore, the request was not medically necessary.