

Case Number:	CM15-0039741		
Date Assigned:	03/10/2015	Date of Injury:	10/24/2011
Decision Date:	04/13/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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: Arizona, California
 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 50 year old male, who sustained an industrial injury on 10/24/2011. Currently he reports worse pain, with worsened depression at the recent loss of a close friend, from his last visit 1 month ago, and for which Voltaren was added to help with pain. The injured worker was diagnosed with, and/or impressions were noted to include thoracic or lumbosacral intervertebral disc degeneration; low back pain with post-lumbar laminectomy syndrome; neck pain with cervical spine degeneration; shoulder pain with rotator cuff tendonitis; and chronic pain. Treatments to date have included consultations, diagnostic urine and imaging studies; 2 lumbar surgeries, 1 prior to the industrial injury, 1 left shoulder and 1 right shoulder surgery; transcutaneous electrical stimulation unit; and medication management. Current notes, from , a history of progressive low back pain, over many years, managed with over the counter medications and a trans-lumbar interbody fusion with a cage and reduction of spondylolisthesis (12/21/2010), followed by a lumbar hemilaminotomy and foraminotomy with revision on 5/29/12; neither provided any lasting improvement. Current medical records, from December 2014, radiating low back pain, less at night than during the day; intermittent, radiating neck pain; and right shoulder pain for which the current medication regimen had been helpful to decrease pain and increase function, and a recent psychological evaluation for which medication was initiated for depression; he is noted to be classified as temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for at least 5 months. There was no indication of Tylenol failure. The claimant had been on Trazadone which was providing help as well as using Tramadol. There was no indication for combining multiple classes of pain medications. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

H-Wave, Trial/Rental, 30 days: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial maybe considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant did have chronic soft tissue pain for which the claimant was simultaneously using TENS, home exercises, and medications. A 30 day trial of H-wave is appropriate and medically necessary to help alleviate 9/10 pain.