

Case Number:	CM13-0000276		
Date Assigned:	08/02/2013	Date of Injury:	02/11/2013
Decision Date:	01/09/2014	UR Denial Date:	04/12/2013
Priority:	Standard	Application Received:	04/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 02/11/2013. Treating diagnoses include psychogenic headache, anxiety, stress, cervical injury, lumbar intervertebral disc syndrome, lumbar radiculitis, thoracic segmental dysfunction, bilateral knee injury, and bilateral shoulder injury. Initial physician review concluded that an interferential unit rental was not medically necessary, noting that the patient was diagnosed with lumbar myofascial pain syndrome and bilateral lumbar radiculopathy and that the treatment in this case did not meet the criteria in the guidelines. Proteolin was noncertified given the rationale that there was no documentation of an industrial-related institutional insufficiency to support the medical necessity of this medication. Cyclobenzaprine was noncertified given the rationale that there was no documentation to support the use of this medication concurrent with the tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proteolin #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical foods..

Decision rationale: This medication is a medical food. This is not discussed in the MTUS. However, Official Disability Guidelines states treatment in Workers' Compensation/pain states regarding the Final Determination Letter for IMR Case Number CM13-0000276 3 medical food "the product must be labeled for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements." Such stated nutritional requirements are not documented at this time.

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on muscle relaxants states regarding cyclobenzaprine "recommended for short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." The medication does not meet these criteria for utilization. Moreover, it is noted in the initial physician review, this patient is instead taking the first line of medication, Tizanidine, which is supported for chronic use. The records and guidelines do not support an indication for cyclobenzaprine at this time.

interferential unit 12-week rental, low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential stimulation.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on interferential stimulation states "not recommended as an isolated intervention...that the patient's election of interferential stimulation was to be used anyway: pain is ineffectively controlled due to diminished effectiveness of his medications or pain ineffectively controlled with the medication due to side effects or history of substance abuse or pain from postoperative conditions limits ability to perform exercise programs or unresponsive to conservative measures." The patient does not meet these criteria. Additionally, if the criteria were met, the guidelines would support at most a one-month trial but not a 12-week rental. For these multiple reasons, the guidelines have not been met.