

Case Number:	CM14-0147699		
Date Assigned:	09/18/2014	Date of Injury:	01/31/2003
Decision Date:	10/16/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/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 patient is a 58 year old female who was injured on 1/31/2003. The diagnoses are cervical, thoracic, lumbar spine, multiple joints pain, fibromyalgia and complex regional pain syndrome following left lower extremity fracture. There are associated diagnoses of anxiety and depression. On 8/21/2014, [REDACTED] noted subjective complaints of upper and lower back pain. The patient also complained of worsening joints pain due to changes in the weather. The pain score was rated at 10 /10 on a scale of 0 to 10. The patient was using a Cane to ambulate and had diminished sensation in the left lower extremity dermatomes. The medications are Vicodin ES and topical cream for pain and Norflex for muscle spasm. The UDS on 3/12/2014 was consistent. The patient is also doing home exercise and acupuncture treatments. A Utilization Review determination was rendered on 8/18/2014 recommending non certification for P-Stim and Renew of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-STIM: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical stimulation Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of transcutaneous electrical stimulation techniques may be beneficial for patients with neuropathic pain. The use of therapeutic electrical stimulation may result in reduction in medications utilization, decrease in pain and increase in physical function. The records indicate that the patient reported significant reduction in pain with acupuncture treatments. There were subjective and objective findings consistent with neuropathic pain syndrome. The criteria for the use of P-STIM are medically necessary.

Renew Meds: Overturned

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 NSAIDs and PT Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that pain medications can be utilized during exacerbations of chronic musculoskeletal pain that is non responsive to standard NSAIDs and PT. The records indicated that the pain is reported at 10/10 despite treatment with home exercise and acupuncture. The patient reported significant insomnia, anxiety and depression associated with chronic pain syndrome. It was noted that the utilization of the prescribed Vicodin, topical analgesic and Norflex results in significant reduction in pain score and increase in ADL. The Renew Meds is medically necessary.