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| Case Number: | CM14-0164826 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 09/25/2009 |
| Decision Date: | 11/14/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of September 25, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a TENS unit; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for Methoderm and TENS unit patches. The applicant's attorney subsequently appealed. The TENS unit patches, Methoderm, and tramadol were apparently sought via Request for Authorization form dated September 2, 2014. In a progress note of the same date, September 2, 2014, the applicant reported 7/10 low back pain complaints. The applicant was using tramadol, Flexeril, and LidoPro. The applicant was no longer working and reportedly retired. The applicant's low back pain was scored at 7/10, was described as worse with activities, including sitting and bending. Multiple medications were renewed. It appears that Methoderm was apparently introduced in favor of LidoPro cream. TENS unit patches were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Gel x 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic Page(s): 105.

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topical such as Methoderm are recommended in the treatment of chronic pain, as is present here. The request in question did represent a first-time request for Methoderm, introduced on September 2, 2014. This was in line with page 105 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.

TENS patches x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and/or provision of associated supplies beyond an additional one-month trial should be predicated on evidence of a favorable outcome in terms of both pain relief and function during said one-month trial. In this case, however, the applicant continues to report 7/10 pain, despite earlier introduction of the TENS unit. The applicant remains dependent on a variety of medications, including topical medications, opioid agents such as tramadol, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS despite ongoing usage of the TENS unit. Therefore, the request is not medically necessary.