

Case Number:	CM14-0105175		
Date Assigned:	07/30/2014	Date of Injury:	06/25/2013
Decision Date:	04/24/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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 27-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of June 15, 2013. In a Utilization Review Report dated June 23, 2014, the claims administrator failed to approve a request for dexamethasone patches, seemingly for the purposes of administering phonophoresis or iontophoresis. The claims administrator referenced a May 30, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated August 11, 2014, the applicant reported multifocal complaints of neck, mid back, and low back pain, highly variable. Large portions of the progress note were difficult to follow and not entirely legible. Physical therapy, various modalities, functional capacity testing, a pain management consultation, Norco, Flexeril, Naprosyn, Prilosec, and topical compounds were endorsed. The applicant was given various work restrictions. It did not appear that said limitations were accommodated, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexamethasone sodium phosphate 4 mg/ml patch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: No, the request for topical dexamethasone patches, a means of delivering iontophoresis, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 266, support for iontophoresis and phonophoresis, the modality at issue here, is deemed "limited." Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, thus, the attending provider's request for phonophoresis/iontophoresis in conjunction with multiple other passive modalities, including chiropractic manipulative therapy, topical compounded creams, etc., is at odds with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.