

Case Number:	CM15-0128484		
Date Assigned:	07/15/2015	Date of Injury:	11/01/2012
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 50 year old female, who sustained an industrial injury on 11/1/12. The injured worker has complaints of left ankle/foot and low back pain. The documentation noted tenderness to palpation plantar fascia. The diagnoses have included lumbar spine lumbago and plantar fasciitis left foot. Treatment to date has included ibuprofen and acupuncture treatments. The request was for ibuprofen 800mg #90 per 05/07/15 order and transcutaneous electrical nerve stimulation unit, left lower extremity per 5/7/15 order, quantity one. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 per 05/07/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Ibuprofen 800mg #90 per 05/07/15 order is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that higher doses of Ibuprofen are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Doses greater than 400 mg have not provided greater relief of pain. NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension and can cause fluid retention, edema, and rarely, congestive heart failure. The MTUS Guidelines also state that for chronic low back pain: NSAIDS are recommended as an option for short-term symptomatic relief. The documentation is not clear on how long the patient has been on Motrin and what functional benefit it has provided. Per AME dated 1/23/15 the patient is taking Motrin 800mg twice daily (sometimes three times a day) and concerned about potential side effects. NSAIDS are not recommended long term and without clarification of efficacy this request for Motrin 800mg is not medically necessary.

TENS/EMS unit, left lower extremity per 05/07/15 order, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy and Neuromuscular electrical stimulation (NMES devices) Page(s): 114-117 and 121.

Decision rationale: TENS/EMS unit, left lower extremity per 05/07/15 order, Qty: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not supported for the treatment of chronic pain and used primarily for post stroke rehabilitation. The MTUS states that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. There should also be a treatment plan for the TENS unit with short term and long term goals. The documentation does not indicate that this device is being used for post stroke rehabilitation or that there is evidence of a one month trial of TENS with evidence of outcomes in regards to pain relief or function. The request for a TENS/EMS unit is not medically necessary.