MAXIMUS Federal Services

Case Number:	CM15-0175916		
Date Assigned:	09/17/2015	Date of Injury:	04/25/2014
Decision Date:	10/27/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 [redacted] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 20, 2015. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve requests for a TENS unit and Fexmid (cyclobenzaprine). The claims administrator referenced a July 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 3, 2015, the claimant reported multifocal complaints of elbow, wrist, neck, and shoulder pain. The claimant was not working, it was reported. The claimant was kept off of work for the next 6 weeks. There was no seeming mention made of the TENS unit on this date. The applicant was asked to continue psychiatric care. The claimant was using Fexmid at a rate of twice daily, it was reported on this date. On July 23, 2015, TENS unit, naproxen, Fexmid, and cervical MRI imaging were sought. There was no seeming mention of the applicant's having previously used the TENS unit in question on a trial basis on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for a TENS unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of the TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier 1-month trial of the same, with evidence of beneficial effects present in terms of both pain relief and function. Here, however, the July 23, 2015 progress note made no mention of the applicant's having employed the TENS unit in question in question on a trial basis before a request to purchase the same was initiated. Therefore, the request was not medically necessary.

Fexmid (Cyclobenzaprine) 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Similarly, the request for Fexmid (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option as a short course of therapy. Here, however, the 60-tablet renewal request for cyclobenzaprine represents treatment in excess of the short course of therapy and/or brief role for which cyclobenzaprine is endorsed, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.