

Case Number:	CM15-0042805		
Date Assigned:	03/12/2015	Date of Injury:	07/04/2014
Decision Date:	06/11/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 47 year old female, who sustained an industrial injury on 07/04/2014. She reported a physical assault by being hit on the head, neck, back, and shoulder causing her to fall and experience a loss of consciousness. The injured worker had subsequent injuries to her head, neck, upper, mid, and low back, right shoulder, and right arm. The injured worker was diagnosed as having cervicalgia, cervical radiculopathy, cervical facet dysfunction, right shoulder pain with impingement, lumbar facet dysfunction, anxiety, depression, headaches, occipital neuralgia, post-concussion syndrome, and insomnia. Treatment to date has included x-ray of the lumbar spine, x-ray of the cervical spine, physical therapy, home exercise program, and medication regimen. In a progress note dated 01/19/2015 the treating provider reports complaints of intermittent neck pain and headaches that radiate to the right shoulder, numbness to the left hand and fingers, sharp pain to the neck, intermittent low back pain that radiates into the bilateral legs with numbness, tingling, burning, and sharp pain to the feet, and generalized body pain. The treating physician requested the medications of Capsaicin, Zofran, and Norco noting that the injured worker was currently taking these medications. The treating physician requested the medication of Amrix as a change from the medication Norflex, but did not indicate the specific reason for this medication. The treating physician requested a transcutaneous electrical nerve stimulation unit and H-wave machine for home use, but the documentation provided did not indicate the reason for the requested equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. It is noted that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request is not medically necessary and appropriate.

Capsaicin 0.025%, 120gm, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per MTUS guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no notation of previous treatments that the IW did not tolerate. This request is not medically necessary and appropriate.

Zofran 4mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: Per ODG, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use, recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. There is not documentation of FDA approved indications in the IW's progress notes. This request is not medically necessary and appropriate.

Norco 10/325mg, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use 4) On-Going Management Page(s): 78.

Decision rationale: The IW is documented to be on an opioid for pain relief. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

TENS unit #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

Decision rationale: Per MTUS guidelines, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain, phantom limb pain, spasticity and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. The IW has none of the conditions as an indication for TENS uses and is not doing physical therapy and thus the request is not medically reasonable and appropriate.

H-wave machine #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); H-wave stimulation (HWT) Page(s): 117.

Decision rationale: According to MTUS regulations H Wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998)

(Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The IW has none of the conditions as an indication for TENS uses and is not doing physical therapy and thus the request is not medically reasonable and appropriate.