

Case Number:	CM15-0067437		
Date Assigned:	04/15/2015	Date of Injury:	05/09/2013
Decision Date:	05/14/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/09/2015

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 43-year-old who filed a claim for chronic neck, shoulder, low back, and knee pain reportedly associated with an industrial injury of May 9, 2013. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for four pairs of TENS unit packet. The claims administrator referenced a RFA form and associated progress note of March 4, 2015 in its determination. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported ongoing complaints of depression, anxiety, tearfulness, and psychological stress. The applicant was apparently receiving unemployment compensation benefits. The applicant was apparently not working. The applicant was under significant financial constraints, it was acknowledged. On March 6, 2015, the applicant was asked to continue psychological counseling. On December 10, 2014, Neurontin, manipulative therapy, and acetadryl were endorsed. On March 4, 2015, the applicant was placed off of work, on total temporary disability, while TENS unit patches, Naprosyn, Docuprene, and cognitive behavioral therapy were endorsed. The applicant reported pain complaints ranging from 4 to 6/10. The applicant apparently reported some issues with low-grade bright red blood per rectum secondary to hemorrhoids, it was suggested (but not clearly stated). In an earlier progress note dated March 12, 2015, the applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch 4 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

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

Decision rationale: No, the request for four TENS unit patches was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, however, previous usage of a TENS unit does not appear to have been altogether successful. The applicant remained off of work, on total temporary disability, despite ongoing usage of the same. The applicant remained dependent on analgesic medications such as Neurontin and Naprosyn, it was further acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Naproxen sodium 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions including chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his recommendations. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged. While this did, in part, represent a function of the applicant's mental health issues as opposed to her chronic pain issues, the attending provider likewise failed to outline any meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing Naprosyn usage. The fact the applicant remained off of work, moreover, suggested a lack of functional improvement as defined in MTUS 9792.20f despite ongoing Naprosyn usage. Therefore, the request was not medically necessary.

