

Case Number:	CM15-0090491		
Date Assigned:	05/14/2015	Date of Injury:	09/24/1991
Decision Date:	06/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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 71 year old female with an industrial injury dated 9/24/1991. The injured worker's diagnoses include chronic low back pain, status post lumbar fusion, lumbar post laminectomy syndrome, and lumbar radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/21/2015, the injured worker reported chronic constant low back pain with spasms that are aching and throbbing in nature. The injured worker also reported intermittent radiation of pain down the lateral aspects of bilateral legs to the feet with associated numbness. Documentation noted that the injured worker was diagnosed with rib fracture status post fall on 4/5/2015. Objective findings revealed moderate discomfort, slow antalgic gait, difficulty transferring from seated position, moderate tenderness to lumbosacral paraspinal muscles, limited lumbar flexion, decrease patellar reflex, and positive straight leg raise. The treatment plan included medication management and transcutaneous electrical nerve stimulation (TENS) unit. The treating physician reported that the injured worker was previously authorized TENS unit, however it was no longer working. The treating physician recommended its continued use for non-pharmacologic pain relief and to improve function and requested TENS unit replacement now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit replacement: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: TENS unit replacement is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation states that the patient has used TENS in the past but it is unclear if the patient has had a positive outcome from any prior TENS use and also how often the TENS was used. The request for a TENS Unit replacement is not medically necessary.

Skelaxin 800mg qty.30: Upheld

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

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

Decision rationale: Skelaxin 800mg qty30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation does not indicate that the patient is having an acute exacerbation of pain. The patient has chronic low back pain. There are no extenuating circumstances documented that would necessitate continuing this medication as this medication is for short term use. The request for Skelaxin 800mg qty. 30 is not medically necessary.

Compound cream qty. 240 grams: Upheld

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

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

Decision rationale: Compound cream qty. 240 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, the MTUS guidelines state that compounded products that contains at least one drug (or drug class) that is not recommended is not recommended. The request as written does not specify the ingredients and therefore this request is not medically necessary.