MAXIMUS Federal Services

Case Number:	CM15-0093688		
Date Assigned:	05/20/2015	Date of Injury:	07/25/2007
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/14/2015

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 57-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of July 12, 2007. In a Utilization Review report dated May 7, 2015, the claims administrator denied requests for Motrin and a TENS unit with an associated conductive garment. An RFA form received on April 27, 2015 and associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. In an April 27, 2015 progress note, the applicant reported issues with numbness, tingling, and paresthesias about the bilateral hands. The applicant reported difficulty gripping and grasping. The applicant stated that writing was problematic. The applicant was not working, it was acknowledged. Motrin was prescribed. It was not clearly stated whether the request for Motrin was a first-time request or a renewal request. Toward the bottom of the report, it was suggested that the applicant was also using Vicodin. A home TENS unit with associated conductive garment was also prescribed, again without much in the way of supporting rationale. It was not clearly stated whether the applicant had or had not received a trial of the TENS unit in question. There was "no change" in the applicant's permanent disability, the treating provider reported. In an earlier note dated March 11, 2015, the applicant again reported ongoing complaints of bilateral wrist pain. The applicant was not working on this occasion, it was again acknowledged. The applicant's medication list was not, however, detailed on this occasion. A medical-legal evaluator noted on September 21, 2011 that the applicant had been using Vicodin and Motrin on an earlier office visit of June 13, 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the 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 "efficacy of medication" into his choice of recommendations. Here, however, the applicant was not working; it was reported on April 27, 2015. The applicant still reported difficulty performing activities of daily living as basic as gripping, grasping, and writing, it was reported on that date. Ongoing usage of Motrin failed to curtail the applicant's dependence on opioid agents such as Vicodin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing Motrin usage. Therefore, the request is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) Unit with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

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

Decision rationale: Similarly, the request for a TENS unit [purchase] with associated conductive garment was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, with evidence of positive outcomes in terms of both pain relief and function. Here, however, the April 27, 2015 progress note in question was thinly and sparsely developed. It did not established that the applicant had in fact embarked upon and/or received successful trial of the TENS unit device in question before a request to purchase the same was initiated. Therefore, the request is not medically necessary.