

Case Number:	CM14-0141440		
Date Assigned:	09/10/2014	Date of Injury:	11/21/2013
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 31 year old male who reported an injury to his right upper extremity. The utilization review dated 08/14/14 resulted in denials for a TENS unit trial, as well as Diclofenac and chiropractic therapy. The clinical notes indicate the injured worker having previously undergone 18 chiropractic therapy sessions to date. No information had been submitted regarding confirmation of the injured worker's objective functional improvement through the initial course of treatment. The use of Diclofenac was not indicated given the topical application of this medication has not been approved for general use. Additionally, the use of a TENS unit is not supported given that no information had been submitted regarding the injured worker's completion of all conservative treatments. The clinical note dated 07/23/14 indicates the injured worker complaining of cervical and right upper extremity pain. The injured worker rated the pain as 3-4/10. There is an indication the injured worker has improvements in terms of range of motion. There are indications the injured worker is demonstrating subjective improvements with the use of more therapeutic treatments. The clinical note dated 05/05/14 indicates the injured worker able to demonstrate 50 degrees of cervical flexion and 50 degrees of extension. No sensation or reflex deficits were identified in the upper extremities. There is an indication the injured worker had completed 18 chiropractic therapy sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of chiropractic treatment for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Chiropractic Guidelines Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Page(s): 58.

Decision rationale: The request for 6 sessions of chiropractic therapy for the cervical spine is non-certified. The documentation indicates the injured worker having previously undergone chiropractic therapy. Additional chiropractic manipulation would be indicated provided the injured worker meets specific criteria to include an objective functional improvement through the initial course of treatment. No objective data was submitted confirming the injured worker's positive response to the previously rendered treatment. Therefore, this request is not indicated as medically necessary.

Prescription of Diclofenac/lidocaine cream 3%/5%, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. However, no information was submitted regarding the effectiveness of the use of this medication to include any objective data supporting the patient's functional improvements. As such, the request for this medication cannot be established as medically necessary.

Thirty (30) day trial of TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The request for a 30 day trial of a TENS unit is not medically necessary. A TENS unit is indicated for injured workers with ongoing functional deficits and pain upon completion of all conservative treatments. Insufficient information had been submitted regarding the injured worker's completion of all conservative treatments. Given this, the request is not indicated as medically necessary.

Prescription of Tylenol #3, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.