MAXIMUS Federal Services

Case Number:	CM13-0017852		
Date Assigned:	10/11/2013	Date of Injury:	11/02/2009
Decision Date:	01/07/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 underlying date of injury in this case is 11/02/2009. The treating diagnoses include lumbar disc displacement and leg pain. On 09/11/2013, the treating provider submitted a detailed appeal of a prior utilization review decision. That appeal expressed disagreement with a prior decision which had indicated that there was no objective functional benefit documented with regard to opioid use. That appeal notes that as per a progress note of 07/25/2013, morphine helped the patient's baseline level of pain so that he could better tolerate walking and standing. That appeal noted the patient had no cognitive side effects and continued to get analgesia and that morphine was a long-acting opioid that was particularly helpful and provides around-the-clock pain relief. That appeal opines that during a flare up Norco should be authorized. A treating physician's note of 09/20/2013 discusses a recent denial regarding a TENS unit and opines that this would be beneficial. Previously on 07/25/2013, the treating provider noted that a TENS unit was requested for neuropathic pain in the right greater than left lower extremities and requested a trial of TENS unit. The note at that time indicated a plan to hold off on a formal functional restoration program until the patient had recovered from the knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit 30 Day Rental.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcuttaenous Electrical Nerve Stimulation Page(s): 114.

Decision rationale: The MTUS Chronic Pain Guidelines, section on transcutaneous electrical nerve stimulation, page 114, states, "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. This is a complex case in which multiple treatments have been tried including extensive polypharmacy. A formal functional restoration program was on hold at the time of this review, pending possible knee surgery. However, the records do clearly outline overall functional restorative goals in support of a home exercise program. TENS has been proposed to treat the neuropathic component of the patient's pain. This would particularly be appropriate as an alternative to extensive polypharmacy. The guidelines therefore have been met for the TENS 30-day rental. This request is medically necessary.

1 Prescription of Morphine Sulfate ER 15mg #90.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines, section on opioids/ongoing management, page 78, recommends, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids....Information from family members or other caregivers should be considered in determining the patient's response to treatment." The medical records in this case document functional improvement in a subjective sense but do not clearly document functional improvement or the four domains of opioid monitoring as per MTUS Guidelines. Overall, the medical records are limited in terms of specific documentation of a rationale of benefit from opioid treatment. The monitoring procedures in the guidelines are specific and are not documented in this case. This request is not medically necessary.

1 Prescription of Hydrocodone-Norco 10/325mg #90.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines, section on opioids/ongoing management, page 78, recommends, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Four domains have been

proposed as most relevant for ongoing monitoring of chronic pain patients on opioids....Information from family members or other caregivers should be considered in determining the patient's response to treatment." The medical records in this case document functional improvement in a subjective sense but do not clearly document functional improvement or the four domains of opioid monitoring as per the MTUS Guidelines. Overall, the medical records are limited in terms of specific documentation of a rationale of benefit from opioid treatment. The monitoring procedures in the guidelines are specific and are not documented in this case. This request is not medically necessary.