

Case Number:	CM13-0021915		
Date Assigned:	11/13/2013	Date of Injury:	10/24/2010
Decision Date:	05/23/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational 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:

According to the records made available for review, this is a 33-year-old male with a 10/24/10 date of injury. At the time of the request for authorization for trial of H-wave rental for one month QTY: 1.00, 1 prescription of Norco 10/325mg #120, and 1 prescription of Flurbiprofen cream 25% Ultraderm cream 30gm QTY: 1.00, there is documentation of subjective findings of pain, swelling, weakness, the rest is illegible due to handwritten note and objective findings of range of motion is limited and decreased sensation (illegible) left foot. The current diagnosis is s/p laminectomy, discectomy L L5-S1. The treatment to date includes PT, ESI, psychotherapy, and medication including Norco for at least 3 months. Regarding the trial of H-wave rental for one month QTY: 1.00, there is no documentation of chronic soft tissue inflammation, the unit will be used as an adjunct to a program of evidence-based functional restoration, and failure of transcutaneous electrical nerve stimulation (TENS). Regarding 1 prescription of Norco 10/325mg #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Regarding 1 prescription of Flurbiprofen cream 25% Ultraderm cream 30gm QTY: 1.00, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), short-term use (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF H-WAVE RENTAL FOR ONE MONTH QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (Hwt).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation,.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Within the medical information available for review, there is documentation of diagnoses of s/p laminectomy, discectomy L L5-S1. In addition, there is documentation of failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications. However, there is no documentation of chronic soft tissue inflammation; the unit will be used as an adjunct to a program of evidence-based functional restoration, and failure of transcutaneous electrical nerve stimulation (TENS). Therefore, based on guidelines and a review of the evidence, the request for trial of H-wave rental for one month QTY: 1.00 is not medically necessary.

1 PRESCRIPTION OF NORCO 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of diagnoses of s/p laminectomy, discectomy L L5-S1. In addition, there is documentation of treatment with Norco for at least 3 months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Norco 10/325mg #120 is not medically necessary.

1 PRESCRIPTION OF FLURIBIPROFEN CREAM 25% ULTRADERM CREAM 30GM QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of s/p laminectomy, discectomy L L5-S1. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), short-term use (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Flurbiprofen cream 25% Ultraderm cream 30gm QTY: 1.00 is not medically necessary.