

<b>Case Number:</b>	CM13-0022464		
<b>Date Assigned:</b>	10/24/2013	<b>Date of Injury:</b>	09/27/2004
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Anesthesiology, has a subspecialty in Pain 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:

This is a 55 year old patient with a date of injury of 29 Sept 2004. His current diagnosis, per Primary Treating Physician Progress Report of 19 Aug 13 is Lumbar Disc Disease, s/p Laminectomy; chronic pain due to degenerative disc disease cervical and lumbar disc disease with radicular pain. The first issue at dispute per Utilization Review of 23 Aug 2013 is the prospective request for 1 month of H- wave unit for the treatment of his chronic back pain. The second issue at dispute is the use of Norco qid for the treatment of his chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) MONTH RENTAL OF A H-WAVE UNIT: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

**Decision rationale:** The Chronic Pain Guidelines page 117 states H-Wave is not recommended as an isolated intervention, but a one-month home-base trial of H-Wave stimulation may be considered if other therapies have failed. [REDACTED] letter of September 3, 2013 states the patient has had and failed conservative care, surgery, physical therapy, and the use of a TENS

unit. These are the requirements listed in the Chronic Pain Guidelines and this therapy is appropriate under the Guidelines.

**NORCO 10/325 MG #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 91.

**Decision rationale:** The Chronic Pain Guidelines addresses Norco in the specific drug list on page 91. This guideline states that Norco can be used to treat moderate to moderately severe pain. [REDACTED], in his response to the utilization review modification, reports that this patient has moderate to severe pain. Without Norco, the patient has a significant increase in pain as well as decreased functional capacity. He further states that the patient's activities of daily living are improved as long as he has this medication. Given the evidence in the medical record from the provider who is monitoring the patient, the use of Norco is appropriate.