

Case Number:	CM13-0040527		
Date Assigned:	12/20/2013	Date of Injury:	04/14/2008
Decision Date:	03/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/09/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

This is a 64 year-old male [REDACTED] who while using a post driver to pound in stakes, was struck on top of the head by the driver, and injured his spinal cord (neck), upper back, lower back area. This happened while at work on 04/14/08. He is currently not working. The spinal cord (Neck), upper back area, and lower back area have been accepted by the carrier. Prior procedures/surgery includes: Facet injections and epidural block to lower back, cervical spine fusion at C5-C7 on 04/07/09, and total thyroidectomy, for cancer of the thyroid on 09/13/05. A qualified medical exam report, dated 02/03/12 by [REDACTED] (orthopedic surgeon) indicated, diagnostic impression: status post cervical anterior fusions C5 to C7, two (2) levels, with marked limitation of range of motion, and mild radiculopathy still remains with positive right Erb point compression and right side vertex compression; Lumbar radiculopathy; status post bilateral arthroscopic knee surgery 20 years ago. An agreed medical exam (AME) in psychiatry Report, dated 09/13/12, by [REDACTED], indicates diagnoses: Axis I: Major depressive disorder, recurrent; panic disorder without agoraphobia; post-traumatic stress disorder; sexual dysfunction following neck surgery, RJO sleep apnea. Axis II: none present; Axis III: status post thyroid cancer surgery, status post C5-7 fusion; sip anal fissure surgery; Hypertension, physical symptoms: headaches, difficulty hearing, ringing in ears, difficulties with food taste, dry mouth, nausea, hair loss. Axis IV: Psychosocial stressors: concerns about physical problems; Vietnam experience, deaths of mother, best friend and roommate, sister with multiple sclerosis (MS), recent knee replacement, nephew with MS, wife with colon cancer, survivor, personal injury case vs. Homes Sold, 1981 motor vehicle accident, gunshot incident at age ten. Axis V: Global assessment of functioning (GAF) current 54, highest past year: 54. P&S. Treatment recommendations: combination of cognitive behavioral therapy and antidepressant medications. The employee has continued to be seen in follow-up by the

orthopedic surgeon, [REDACTED] for his neck and back complaint with medication refills and medication management. A Physical Medicine and Rehabilitation progress note, dated 08/26/13 by [REDACTED] indicates: Subjective: Improved. Back to taking Norco 4/day, getting it from [REDACTED], still juicing and has gained 2lbs. Walking one mile per day, getting new TENS unit pads as he is get a rash. Did not get Celebrex from WC and since he did not get the Celebrex he is going back on the Norco. Feels he could be back to work with restrictions, visual analog scale (VAS) 4/10. Objective: soft tissue exam-tenderness, no spasm, no crepitation, range of motion testing within normal limits, sensation intact, straight leg raise negative bilaterally. Assessment - Chronic pain syndrome. Plan: Hypoallergenic pads for TENS unit. Behavioral health prescription. Continue home exercise. Authorization: Suboxone 2/0.5mg two (2) times a day for detoxification from hydrocodone. Follow-up in one (1) month. The review is for - TENS unit six (6) month supply, Detoxification from Hydrocodone, Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month supply of hypoallergenic pads for the TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, TENS unit

Decision rationale: The Chronic Pain Guidelines indicate that the medical record must document what treatment modalities have been used (including the name and dosage of medication), the length of time that each type of treatment was used, and the results. There must be a one-month trial period of TENS usage (such as through a physical therapist's office), which must be monitored by the physician to determine the effectiveness of the TENS unit in modulating the pain, the physician must determine that the patient is likely to derive significant therapeutic benefit from the continuous use of the unit over a long period of time. The clinical information submitted by the physician did not document the above. And criteria have not been met. Therefore this request for six (6) month supply of hypoallergenic pads for the TENS unit is not necessary

Detoxification from hydrocodone time six (6) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Opioid Dependence

Decision rationale: The Chronic Pain Guidelines indicate that buprenorphine is recommended for the treatment of opiate dependence, and is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The claimant has previously been authorized to undergo a total of thirty (30) days of detoxification with functional restoration. The last authorization was as recent as 6/24/13. Despite this, the treating physician's notes on 08/26/13 stated that the claimant has recently been prescribed Norco up to four (4) per day by a physician. The medical records also notes that the claimant's subjective complaints have improved. [REDACTED] notes that the claimant's lack of access to Celebrex caused the claimant to resume taking opiates. However, it is unclear as to what other non-opiate agent has been attempted since the claimant was discharged from the detoxification and functional restoration program. It is not clear from the medical documentation why the claimant needs Suboxone and six (6) sessions of detoxification to taper four (4) Norco tablets per day. It is also not clear from medical documentation exactly what the requested six (6) sessions of opiate detoxification would include. Therefore, the request is not medically necessary.

Suboxone 2/05.mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Opioids Dependence

Decision rationale: The Chronic Pain Guidelines indicate that buprenorphine is recommended for the treatment of opiate dependence, and is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Suboxone is also known as buprenorphine. The claimant has previously been authorized to undergo a total of thirty (30) days of detoxification with functional restoration. The last authorization was as recent as 6/24/13. Despite this, the treating physician's notes on 08/26/13 stated that the claimant has recently been prescribed Norco up to four (4) per day by a physician. The medical records also note that the claimant's subjective complaints have improved. [REDACTED] notes that the claimant's lack of access to Celebrex caused the claimant to resume taking opiates. However, it is unclear what other non-opiate agent has been attempted since the claimant was discharged from the detoxification and functional restoration program. It is not clear from the medical documentation why the claimant needs Suboxone and six (6) sessions of detoxification to taper four (4) Norco tablets per day. It is also not clear from medical documentation exactly what the requested six (6) sessions of opiate detoxification would include. The request for Suboxone 2/05.mg #60 is not medically necessary.