

Case Number:	CM13-0041321		
Date Assigned:	12/20/2013	Date of Injury:	06/20/2012
Decision Date:	02/12/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/14/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 64 year old male presenting with neck pain and left shoulder pain following a work related injury on 6/20/2012. The claimant complained of neck pain with radiation to the left arm and associated forearm and wrist pain. The pain is associated with occasional paresthesia affecting the hands. The physical exam was significant for cervical tenderness, and limited cervical range of motion. Magnetic resonance imaging (MRI) of the cervical spine was significant for C6-7 interbody fusion. Electromyogram (EMG) and Nerve Conduction Studies was without evidence of cervical radiculopathy or brachial plexopathy affecting the C5 through T1 lower motor nerve fibers of the bilateral upper extremities or the cervical paraspinals, there was also not evidence of carpal tunnel syndrome. The claimant was diagnosed with cervical radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase with three months supplies of electrodes, batteries, wipes, and lead wire: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: TENS Page(s): 114.

Decision rationale: TENS unit purchase with three months supplies of electrodes, batteries, wipes, and lead wire is not medically necessary. Page 14 of California Medical Treatment Utilization Schedule (MTUS) states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Per California Medical Treatment Utilization Schedule (MTUS) TENS unit is not medically necessary as solo therapy.

Vicodin (Hydroco/ APAP 5/500mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 79.

Decision rationale: Vicodin (Hydroco/ APAP 5/500mg) one tablet by mouth every twelve hours as needed for pain is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Page 79 of California Medical Treatment Utilization Schedule (MTUS) guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Vicodin is not medically necessary.