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| Case Number: | CM13-0041992 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 05/02/2005 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 57 year-old male with a 5/2/06 industrial injury claim. He has been diagnosed with post laminotomy pain syndrome, history of laminectomy, discectomy and L4-S1 posterolateral fusion, history of hardware removal and revision surgery, chronic pain syndrome with prolonged depression, history of narcotic dependency, and diabetes. According to the 9/9/13 initial pain management report from [REDACTED], the patient presents for narcotic detox. He was using Methadone 60mg/day, atenolol 50mg/day, metformin, glipizide, Prozac, lisinopril, simvastatin, aspirin, and calcium. [REDACTED] notes that detox from methadone is extremely difficult compared to other narcotics. He recommended 3-4 days of PENS treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) TO FOUR (4) DAY OUTPATIENT TREATMENT OF PERCUTANEOUS PERIPHERAL NERVE STIMULATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97-98.

Decision rationale: The patient presents for narcotic detox on 9/9/13. The physician requested PENS therapy as an adjunct to the detox program, noting that detoxification from methadone is more difficult than other narcotics. The 7/10/13 report from [REDACTED] notes that the patient was not able to get percocet authorized, was not taking pain medications, and was weaning, but on 7/10/13 he apparently got a prescription for Methadone 60mg/day from [REDACTED]. The MTUS guidelines for percutaneous electrical nerve stimulation states that it is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is no indication that the patient is in a program of functional restoration, or tried therapeutic exercise and TENS. The request for PENS as a primary treatment modality is not in accordance with MTUS guidelines.

CONCURRENT THREE (3) TO FOUR (4) DAY NARCOTIC WEANING/DETOXIFICATION PROGRAM: Overturned

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

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

Decision rationale: The patient presents for narcotic detox on 9/9/13. The patient has a history of prescription narcotic dependency. The MTUS recommends detoxification for drug dependence. The request is in accordance with MTUS guidelines.