

<b>Case Number:</b>	CM13-0042065		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/11/2002
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine and Rehabilitation 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:

The patient is a 52 YO female with date of injury 07/11/2002. The patient has diagnoses of lumbosacral fusion of the anterior column, lumbar root injury and lumbar disc displacement without myelopathy. According to report by [REDACTED] dated 10/03/2013 the patient complains of persistent severe back pain and persistent severe muscle spasms. Objective findings show surgical wounds are non-tender and no redness. Surgical wounds are all healed and well approximated. Documents show patient has a history of taking Oxycodone for pain management. The treater is requesting 3 month trial of H-wave stimulator and refill of oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) month trial of the H-Wave stimulator unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The patient continues to complain of severe back pain and severe muscle spasm. MTUS page 117 and 118 regarding H-wave stimulation states that H-wave stimulation may be considered as a noninvasive conservative option for soft tissue inflammation if used as

an adjunct to a program of evidenced-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus TENS unit therapy. The records do not indicate that the patient has failed a trial of TENS unit therapy and the requested 3-month trial exceeds the recommendation of a 1-month trial by MTUS. Therefore, the recommendation is for denial.

**Prescription for Oxycodone HCL 5mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 81,88,89.

**Decision rationale:** The records indicate that the patient continues with persistent severe back pain and severe muscle spasms. It appears by the records that the patient has received narcotic medication for several months to help manage her pain. MTUS page 88, 89 regarding long-term use of opioids suggests documentation of pain and functional improvement and states that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further states on page 81 regarding outcome measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: Current pain, the least reported pain over the periods since last assessment, average of pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. I reviewed 7 progress reports dated between 03/26/2013 and 10/03/2013, none of which contained documentation of any functional benefit that the patient receives while on this medication. I was not able to find any numeric scale or validated instrument used to document the patient's improved function or amount of pain relief associated with this medication use. Therefore, recommendation is for denial.