

Case Number:	CM13-0045891		
Date Assigned:	12/27/2013	Date of Injury:	01/27/1997
Decision Date:	05/15/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 51 year-old male sustained an injury on 1/21/97 while employed by [REDACTED]. Requests under consideration include Urine Drug Screen on DOS 10/15/13 and H-Wave Trial Rental x 3 months, Lower Back. Review indicates prior request for H-wave trial with certification on 8/30/13. Request for UDS was also certified on 9/3/13 as the provider noted weaning attempt; however, with poor outcomes. Lortab and Soma were again prescribed. Report from the provider dated 10/15/13 noted urine screening were done on 7/24/12, 10/16/12, 1/8/13 and 7/23/13 (positive for oxycodone and hydrocodone). The patient was taking Lortab and Soma, using a stationary bike, and was able to perform personal ADLs. Pain reduces from 9/10 to 5-6/10 with medications. The patient stated H-wave unit reduced his pain by greater than 80%. Exam noted tenderness, spasm, decreased range of motion, positive Fabere, and decreased sensation of left lateral leg and right posterior leg. Acupuncture was performed at office visit. Soma and Lortab were refilled. Requests above for UDS and H-wave trial were non-certified on 10/25/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen on DOS 10/15/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, tools for risk stratification & monitoring

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 1997 injury. The patient has been permanent and stationary, and is not working. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Drug Screen on DOS 10/15/13 is not medically necessary and appropriate.

H-Wave Trial Rental x 3 months, Lower Back: 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 Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: It appears the patient was certified for H-wave trial in August 2013 with patient reporting 80% improvement; however, submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain Final Determination Letter for IMR Case Number CM13-0045891 4 relief and function. The patient has underwent a trial of H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. The ADLs were attainable only with medications and tapering of opiate was unsuccessful with continued use of Lortab and Soma. There is no specific documented failed trial of TENS unit nor any indication the patient is participating in a specific home exercise program for adjunctive exercise towards a functional restoration approach for this 1997 injury. The patient's work status has remained unchanged. The H-Wave Trial Rental x 3 months, Lower Back is not medically necessary and appropriate.

