

Case Number:	CM13-0047817		
Date Assigned:	12/27/2013	Date of Injury:	01/16/1998
Decision Date:	04/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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:

The patient was seen on 9/3/13 with complaints of pain in the lower back radiating into bilateral feet, swelling in both feet. The patient also has complaints of pain in the neck that radiates to the upper back and middle back. The patient notes that medication helps decrease pain, stiffness, and swelling. On examination, the cervical spine reveals decreased range of motion, Spurling's test is positive, and there was 2+ spasms and tenderness. The physician also noted hypoesthesia of the upper extremities at C6, C7, C8, and T1 levels bilaterally. The examination of the lumbar spine reveals decreased range of motion, 2+ spasms, and tenderness of the paraspinal muscles. Kemp's test is positive, and straight leg raise is positive bilaterally at 50 degrees. There is hypoesthesia of the lower extremities at L3, L4, L5, and S1. The physician noted muscle strength is 3/5 bilaterally, and there is 2+ swelling of bilateral feet. The patient is diagnosed with cervical spine strain/sprain, rule out herniated disc, right shoulder rule out impingement syndrome/rotator cuff tear, left shoulder strain/sprain/impingement syndrome/rotator cuff tear, right wrist carpal tunnel syndrome, lumbar disc protrusion 2.9mm at L2-3, herniated lumbar disc with radiculopathy, and bilateral feet and ankle plantar fasciitis. Medications include Hydrocodone, Naprosyn, Omeprazole, and Carisoprodol; there is no frequency for any of the medications listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 7.5/750MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The patient was seen on 9/3/13 with complaints of pain to the lower back that radiates into the bilateral feet. The patient did not give any numerical ratings for his pain level on this appointment. The physician noted there were some spasms and tenderness noted to the cervical and lumbar area; he did not note that there was any pain during the exam. The California MTUS guidelines note that opioids may be recommended with ongoing and review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, the patient's average pain, the intensity of pain after taking the opioid, and how long it takes for the patient to get relief. There is no documentation that the medication has helped with the patient having less pain, increased level of function, and/or increased activities of daily living. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation provided did not support that the pain medication has been decreasing pain, and did not state any recent increased level of function with use of medication, or improved quality of life. Therefore, the request is non-certified.

CARISOPRODOL 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The physician noted spasms and tenderness to the cervical and lumbar spine. Diagnoses included cervical spine sprain/strain, lumbar disc protrusion, and a herniated lumbar disc with radiculopathy. Subjective complaints included lower back pain that radiated to the feet bilaterally, and pain in the neck that radiated over the upper back and middle back. There was no notation of any kind of muscle spasm complaints at this appointment. California MTUS guidelines note that Carisoprodol is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed central acting musculoskeletal relaxant whose primary active metabolic is Meprobamate. Abuse has been noted for sedative and relaxant effects. The documentation provided does not support the need for this medication. Again, the physician did note some spasms, but this medication is not intended for long-term use and is not recommended. Therefore, the request is non-certified.

EMS PAD AND ELECTRODUCTOR SPRAY FOR HOME TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was seen on 9/3/13 for complaints of pain in the lower back that radiated into the bilateral feet. The patient also has pain in the neck that radiates over the upper and middle back. The TENS unit is used 10-15 minutes 1-2 times a day for pain relief. The documentation provided no objective evidence of functional improvement. The California MTUS guidelines note that TENS for chronic pain is not recommended as primary treatment modality, but may be used as an adjunct to a program of evidence based functional restoration. There also is no notation that the patient is using any type of functional restoration, physical therapy, and/or home exercise program. Therefore, the request is non-certified.