

Case Number:	CM13-0048192		
Date Assigned:	12/27/2013	Date of Injury:	10/03/2012
Decision Date:	02/24/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pain Management, 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 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 47 year old male with a date of injury of 10/03/2012. The listed diagnoses, per [REDACTED] on 09/26/2013, are: (1) Lumbar musculoligamentous strain/sprain; (2) Left wrist/forearm burn injury with skin graft; and (3) Sexual dysfunction. According to a report dated 09/26/2013 by [REDACTED], the patient complains of ongoing lumbar spine pain that radiates into the bilateral thigh with associated numbness and tingling. It was noted that the patient's left wrist has worsened as well. Examination of the lumbar spine showed tenderness to palpation with spasms over the bilateral paravertebral musculature. Straight leg raise test is negative and Kemp's test is positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

One conductive garment for the lumbar spine and left forearm (for home TENS unit):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: This patient presents with ongoing lumbar spine pain that radiates into the bilateral thigh with associated numbness and tingling. The provider requests a conductive garment for the lumbar spine and left forearm (for home TENS unit). The MTUS guidelines state that a form-fitting TENS device is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). The provider states that the patient requires the lumbar conductive garment because he has difficulties placing electrodes on the lumbar spine due to left wrist/forearm injury. The provider also states the wrist garment is necessary as the forearm/wrist is sensitive to the electrodes due to prior skin graft. Therefore, the requested conductive garments are medically necessary and appropriate.

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: This patient presents with ongoing lumbar spine pain that radiates into the bilateral thigh with associated numbness and tingling. The provider requests a refill of Norco 325mg #30. Medical records show patient was prescribed Norco on 06/20/2013. The provider does not provide any discussion regarding pain reduction, specific functional changes and quality of life issues with Norco. For chronic opiate use, the MTUS guidelines require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, Activities of Daily Living, Adverse side-effects, Adverse behavior) are required. Furthermore, the guidelines also recommend documentation of current pain; average pain; least pain; time it takes for medication to work; and duration of pain relief with medications. There is no documentation regarding medication efficacy. Therefore, the requested Norco is not medically necessary at this time.