

Case Number:	CM13-0052566		
Date Assigned:	12/30/2013	Date of Injury:	07/11/2012
Decision Date:	03/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, has a subspecialty in 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 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 57-year-old male who reported an injury on 07/11/2012. The mechanism of injury was stated to be the patient was driving a bus and stopped at the railroad tracks and the patient's bus was run into. The patient was noted to have trialed physical therapy that was no help. The patient was noted to have low back pain. The note was handwritten, however, it was written across the note that the report was dictated. The patient's diagnoses were noted to be lumbosacral facet syndrome, DDD, and lumbar spine radiculopathy. The request was made for a TENS unit and for Norco 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section and Ongoing Management Section Page(s): 60,78.

Decision rationale: The California MTUS Guidelines indicate that opiates are appropriate for treatment of chronic pain. There should be documentation of an objective decrease in a VAS score, objective functional improvement, documentation of adverse side effects, and

documentation of aberrant drug taking behavior. There was a lack of documentation indicating the above recommendations. Additionally, per the submitted request, there was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for Norco 10/325 mg is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 115-116.

Decision rationale: The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review indicated the patient was in a home exercise program. There was documentation indicating the patient had trialed and failed physical therapy. There was a lack of documentation indicating that medications had failed. Per the submitted request, there was a lack of documentation indicating whether the unit was for rental or for purchase. Given the above, the request for a TENS unit is not medically necessary