

Case Number:	CM13-0056233		
Date Assigned:	12/30/2013	Date of Injury:	07/28/2011
Decision Date:	06/10/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/22/2013

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, 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 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 is a 40 year old male with a date of injury of 7/28/11. The listed diagnoses per [REDACTED] are chronic lumbar back pain with a right-sided lumbar disc herniation on the MRI scan dated October 11, 2011; status post left sacroiliac injection; chronic left lower extremity radicular symptoms; and hypertension, probably related to lower back pain. The patient has lower back and left leg pain. He has not yet received his home TENS unit. The patient is not currently working. He states he can walk a maximum of about 20 minutes, and then he will have a flare-up of his lower back pain. He states that Vicodin relieves his pain for 3-4 hours. There is paralumbar tenderness from L1 to L5-S1 without any spasms. There is no sacroiliac tenderness. There is no trochanteric tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

A HOME TENS UNIT: Overturned

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): 114-116.

Decision rationale: The MTUS Guidelines state that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. A review of the records shows that the patient has trialed a TENS unit previously; on 5/4/13, the primary treating physician state that it provided symptomatic relief. The MTUS guidelines support use TENS if pain reduction and functional improvement is documented for neuropathic pain as well as some other conditions. It appears that this patient has trialed TENS unit with symptomatic relief. Although the treater's documentation is non-specific, the patient appears to benefit from it. Recommendation is for authorization.

120 VICODIN 5/500MG: 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): 78.

Decision rationale: For chronic opiate use, the MTUS guidelines require specific documentation regarding pain and function. Page 78 of MTUS states that pain assessment includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Furthermore, the 4 A's for ongoing monitoring are required, which include analgesia, activities of daily living, adverse side effects, and aberrant drug seeking behavior. The patient has been taking Vicodin since 2012. The progress report dated 10/22/13 documents medication efficacy stating that the Vicodin relieves the patient's pain for 3-4 hours. While the primary treating physician provided a general statement regarding the medication's efficacy, the MTUS requires the use of a numerical scale to depict the patient's pain/function, and significant change in activities of daily living/return to work for functional documentation. Furthermore, pain assessment measures need to be documented, including aberrant drug seeking behavior and adverse side effects. Given the lack of these documentations, the request is not medically necessary.