

Case Number:	CM14-0016980		
Date Assigned:	03/07/2014	Date of Injury:	09/19/2006
Decision Date:	07/07/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 33 year old injured in work related accident on September 19, 2006. The records provided for review included a November 5, 2013 progress report by [REDACTED] noting a current diagnosis of lumbar discogenic disease, chronic low back pain, cervical discogenic disease, cervical strain, bilateral carpal tunnel syndrome and left knee internal derangement. Subjective complaints were continued hand, low back, neck and left knee pain described as unchanged. The examination showed diminished cervical range of motion with facet tenderness and pain with axial compression. The lumbar examination showed spasm, painful range of motion that was limited with diminished sensation in a left S1 dermatomal distribution. The left knee examination showed patellofemoral crepitation and a positive Apley's test. There was bilaterally positive Phalen's and Tinel's testing. The recommendation was for continued use of a TENS unit which had been utilized, continued use of medications including Celebrex, Norco, a home medic massage unit, continued use of a single point cane and 12 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAXACIN- UNSPECIFIED STRENGTH, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-CRITERIA FOR USE Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines a prescription for Laxacin, a stool softener, would not be indicated. While prophylactic use of stool softeners in concordance with narcotic medications are typically recommended by the Chronic Pain Guidelines, the use of narcotic agents for this individual cannot be supported. In absence of use of narcotic medicine, there would be no indication for use of a stool softener in this individual. The request is not medically necessary.

NORCO 10/325 MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-CRITERIA FOR USE Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids Page(s): 91, 79-80.

Decision rationale: California MTUS Chronic Pain Guidelines do not support the continued use of Norco. The long term use of this short acting narcotic analgesic would not be indicated due to a lack of documentation of significant benefit or improvement over the course of its use this far. The documentation indicates from the clinical presentation, this individual has not made any significant progress in term of function, activity levels or work activities to indicate the need for continued use of this agent. The request is not medically necessary.

PHYSICAL THERAPY FOR CORE STRENGTHENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Chronic Pain Guidelines do not support continued use of physical therapy for "core strengthening." The claimant's current diagnoses of lumbar discogenic disease, chronic low back pain, cervical discogenic disease and left knee pain would not be indicative for the need for further physical therapy at this chronic stage in course of care. This individual was injured over eight years ago. The acute need of physical therapy for "core strengthening" should be achieved through home exercises alone. The request is not medically necessary.

TENS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrical nerve stimulation (TENS) / Transcutaneous electrotherapy Page(s):
114-116.

Decision rationale: Based on California MTUS Chronic Pain Guidelines the use of a TENS unit would not be indicated. The Chronic Pain Guidelines do not recommend TENS devices as isolated intervention and are only indicated in the chronic setting as an adjunct to a program of evidenced based functional restoration. The documentation provide for review does not indicate that this individual has had a recent change in symptoms or documentation of acute clinical findings that would support the need of a TENS device. Request for use of a TENS device is not medically necessary.