

Case Number:	CM14-0019501		
Date Assigned:	04/21/2014	Date of Injury:	01/03/2006
Decision Date:	07/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 60 year old male who reported an injury on 01/03/2006. The mechanism of injury was no provided in the documentation. Per the evaluation note dated 01/24/2014 the injured worker reported continued low back pain. The injured worker reported he walks a mile four times a week but does not do any heavy lifting. His activities of daily living are limited by the back pain. The diagnoses reported for the injured were discogenic disease of the spine status post fusion in 2006, gastritis/reflux disease status post fundoplication in 2001, and coronary artery disease status post stenting in 2010. The request for authorization for medical treatment for the H-wave was dated 01/27/2014. There were no other requests for authorization for medical treatment provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE DEVICE (ONE MONTH HOME USE EVAL): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 117-118.

Decision rationale: The California MTUS guidelines note H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). A one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. There is a lack of documentation regarding previous physical therapy for the injured worker. There is a brief description of a 15 trial of a TENS unit in a mall which would not constitute a sufficient formal trial of the unit. In addition, the H-wave unit is recommended for diabetic neuropathic pain or soft tissue inflammation which the injured worker has not been diagnosed with. Therefore, the request for the H-wave device (one month home use evaluation) is not medically necessary.

NORCO 10/325MG 1 BID, SEVERE PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74, 80.

Decision rationale: Per CA MTUS Guidelines ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are required. The guidelines state that 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 or non-adherent drug-related behaviors. The documentation submitted for review failed to support that the injured worker had any significant pain relief or functional improvement to warrant ongoing use of Norco. Therefore, the request for Norco 10/325mg 1 BID, severe pain is not medically necessary.

XANAX 0.5MG 1 QHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: Per CA MTUS Guidelines Xanax is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Xanax is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated

with major depression. The documentation stated the injured worker was using this medication as a sleep aid for which it is not labeled for. In addition, this medication is recommended for short term use due to the potential for dependence, the injured worker has been on this medication longer than 4 weeks. Therefore, the request for Xanax 0.5mg 1 QHS is not medically necessary.

UDS (URINE DRUG SCREEN): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: Per the CA MTUS guidelines a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. It is also recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. There was a lack of documentation that the injured worker had any aberrant behavior related to his medication use. In the absence of such behavior the injured worker would be considered low risk for abuse and therefore would only require a urine test at the start of therapy and then yearly. The injured worker had a urine drug screen in September of 2013 that did not report any aberrant use; therefore a second urine drug screen in December of 2013 would not be warranted. Therefore, the request for a urine drug screen is not medically necessary.