

Case Number:	CM14-0124668		
Date Assigned:	08/08/2014	Date of Injury:	12/09/2010
Decision Date:	12/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 presents with a work-related injury on December 9, 2010. The patient had been taking Norco 10/325 twice per day. According to the medical records the patient is working full-time at all going back pain. The patient is also using a TENS unit. The physical exam showed tender points with a positive straight leg raise. A random urine drug screen from September 4, 2013 was consistent. The patient was diagnosed with low back pain with disc disease. The provider increased the Norco to three times per day and with two months supplies. The patient was not interested in an epidural steroid injection. On February 19, 2014 the patient reported that the Norco was no longer working and pain is increasing despite increasing to three times per day. The patient requested the Norco changed to Percocet. On April 15, 2014 the patient reported that Percocet 5 mg is not working and self-increased the dosage resulting in running out of the medication early. A claim was placed for a TENS unit and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Neural Stimulation) unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Neural Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DME
Page(s): 114.

Decision rationale: TENS (Transcutaneous Electrical Nerve Stimulator) Unit purchase is not medically necessary. Page 114 of MTUS states that a one month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Per MTUS TENS unit is not medically necessary.

Percocet 10/325 mg #90 post-dated for 7/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Percocet 10/325 mg #90 post-dated for 7/11/14 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.