

<b>Case Number:</b>	CM14-0131786		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/16/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Family Medicine, 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:

This is a 39-year-old male with a 5/16/06 date of injury. The mechanism of injury occurred when he was working as a heavy equipment operator and felt his back pop. According to a progress report dated 7/23/14, the patient complained of constant low back pain, rated 4-5/10 with medications which increased to 8/10 without medications, which radiated to the right buttock and right hip with cramping in the right calf. He also complained of pain and swelling in the right calf and increased cramping in the bilateral lower extremities. He stated that his pain has felt the same since his last visit. He stated that his quality of life is limited due to pain. The provider is requesting 4 treatments of percutaneous electrical nerve stimulation therapy over the course of 60 days in an effort to reduce the patient's pain levels, decrease narcotic medication consumption, reduce overall inflammation and improve functional levels. Objective findings: restricted lumbar spine ROM, straight leg raise, Braggard's and Kemp's tests positive on the right, sensory examination of the lower extremities decreased. Diagnostic impression: pseudoarthrosis, cervical spine sprain/strain with upper extremity radiculitis, neuropathic pain of the bilateral lower extremities, chronic back pain, myofascial spasm at L5 and muscle pain, right knee medial and lateral meniscus tear, bilateral lower extremity deep vein thrombosis. Treatment to date: medication management, activity modification, facet blocks, surgery, physical therapy, TENS unit. A UR decision dated 7/16/14 denied the request for 4 P-stim treatments and 1 urine drug screen and modified the request for Norco from 120 tablets to 45 tablets for weaning purposes. Regarding percutaneous electrical nerve stimulation (PENS), the patient is not in a functional restoration program, and there is no long term efficacy for this device. Regarding Norco, a previous UR determination had continued the weaning of this medication. There was no evidence of functional improvement with use. Regarding urine drug screen, the patient has

almost completed his weaning of the opioid Norco. A positive urine drug screen would not change the weaning of this medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percutaneous electrical nerve stimulation:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** CA MTUS does not address this issue. According to ODG, Percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). According to a progress note dated 7/23/14, the patient has trialed and failed "TENS" treatments in the past, as well as physical therapy/therapeutic exercises, medication therapy, and other non-surgical modalities, all have proven unsuccessful in controlling the pain. The provider indicates that the patient will be instructed on a home exercise program as an adjunct to the neurostimulator treatments in order to improve functional levels. Guidelines support a trial of PENS for patients who have failed TENS treatments and other conservative treatment modalities. Although the time frame of PENS is not noted in this request, it is documented in the 7/23/14 progress note that the provider is requesting 4 treatments over the course of 60 days. Therefore, the request for Percutaneous electrical nerve stimulation was medically necessary.

**Norco 10/325mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation of functional gains or improved activities of daily living. In fact, he states in multiple reports he states that his quality of life is poor secondary to pain, despite the use of Norco. Prior UR decisions dated 5/7/14, 5/28/14, 6/13/14, and 8/11/14 have recommended weaning the patient off of Norco. There is no documentation that the provider has addressed the issue of weaning. In addition a urine drug screen dated 7/30/14 was inconsistent for hydrocodone. The provider indicated that a urine drug screen dated 6/25/14 was positive for hydrocodone; however, it was also positive for hydromorphone and methadone, which were not prescribed. There is no documentation that the provider has addressed this aberrant behavior. Therefore, the request for Norco 10/325 mg #120 was not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43, 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The request for Norco was found to be medically unnecessary, therefore this associated request cannot be substantiated. The patient is not noted to be utilizing any other opioid medications. Therefore, the request for Urine drug screen was not medically necessary.