

Case Number:	CM14-0139309		
Date Assigned:	09/05/2014	Date of Injury:	03/18/2008
Decision Date:	09/30/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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 Emergency 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 injured worker has a date of injury of 3/18/2008. Mechanism of injury was described as a slip and fall. She has a diagnosis of cervical myofascial pain from multilevel arthritic changes, chronic lumbar pain form multilevel arthritis changes and R shoulder pain post R shoulder arthroscopic surgery on 3/09 and 7/10. Medical reports reviewed (last report available until 7/15/14) injured worker complains of right shoulder, neck and milder lower back pains. Pain from neck and right shoulder radiates to right arm. Pain is 2-7/10. Objective exam reveals limited range of motion (ROM) of cervical spine and right shoulder, paraspinal tenderness to cervical and lumbar spine. Lumbar spine ROM is mostly intact but limited by pain. R shoulder with noted scar, crepitation's and decreased range of motion (ROM).Magnetic resonance imaging (MRI) of cervical spine (12/07) reveals significant arthritis/disc osteophytic changes at C5-6 magnetic resonance imaging (MRI) of lumbar spine (7/8/11) reveals severe and diffuse arthritic changes only. Cord is normal and no spinal stenosis noted.MRI of R shoulder (1/08) showed changed to supraspinatus tendon. Injured worker has reportedly undergone physical therapy with improvement. No medication list was provided but she appears to be on Norco and vitamin D. Independent Medical Review is for TENS unit (purchase) and Norco 10/325 #30 with 1 refill. Prior UR on 8/11/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (purchase) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (trTranscutaneous Electrical Nerve Stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain(Transcutaneous Electrical Nerve Stimulation) Page(s): 114-117.

Decision rationale: The request for TENS has no limb location or any information as to where it is supposed to be used. It is assumed that the TENS is being prescribed for low back pain/chronic pain.As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Injured worker does not meet criteria to recommend TENS. There is no proper documentation of prior conservative treatment modalities for his pain except for distant history of physical therapy. There is no documented short and long term goal for the TENS. Injured worker also has not had a successful 1month trial of TENS. Injured worker does not meet any criteria to recommend purchase of TENS. The request for a TENS is not medically necessary.

Norco 10/325mg #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no noted improvement in function with medications or improvement in pain. There is no documentation of proper assessment for abuse or a pain contract. Of note, hydrocodone is now a schedule 2 drug as per DEA and refills are no longer allowed. Documentation does not support continued use of opioids. The request for Norco is not medically necessary.