

Case Number:	CM14-0153275		
Date Assigned:	09/23/2014	Date of Injury:	05/16/2006
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 Preventive 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:

According to the records made available for review, this is a 39-year-old male with a 5/16/06 date of injury. At the time (8/21/14) of the Decision for 4 Percutaneous electrical nerve stimulation therapy and Norco 10/3525mg #120, there is documentation of subjective (low back pain radiating to right buttock and right knee pain) and objective (decreased lumbar range of motion, positive braggard's and Kemp's sign, and decreased sensation over right L5 and S1 dermatomes) findings, current diagnoses (cervical spine sprain/strain, L4-5 and L5-S1 facet arthropathy, and status post anterior posterior L4-S1 fusion), and treatment to date (physical therapy, home exercise, lumbar facet injections, and medications (including ongoing treatment with Senokot, Coumadin, Prilosec, Motrin, and Norco since at least 2012)). Medical reports identify that Norco in addition to other medications help provide 90% of pain relief with increased activities of daily living. Regarding Percutaneous electrical nerve stimulation therapy, there is no documentation that percutaneous electrical nerve stimulation is to be used as an adjunct to a program of evidence-based functional restoration after other non-surgical treatments (TENS) have been tried and failed, or are judged to be unsuitable or contraindicated. Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Percutaneous electrical nerve stimulation therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PERCUTANEOUS ELECTRICAL NERVE STIMULATION (PENS) Page(s): 97.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that percutaneous electrical nerve stimulation is to be 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, as criteria necessary to support the medical necessity of percutaneous electrical nerve stimulation. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, L4-5 and L5-S1 facet arthropathy, and status post anterior posterior L4-S1 fusion. In addition, there is documentation of conservative treatment (physical therapy and medications). However, there is no documentation that percutaneous electrical nerve stimulation is to be used as an adjunct to a program of evidence-based functional restoration after other non-surgical treatments (TENS) have been tried and failed, or are judged to be unsuitable or contraindicated. Therefore, based on guidelines and a review of the evidence, the request for 4 Percutaneous Electrical Nerve Stimulation Therapy is not medically necessary.

Norco 10/3525mg #120: 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): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, L4-5 and L5-S1 facet arthropathy, and status post anterior posterior L4-S1 fusion. In addition, there is documentation of ongoing treatment with Norco since at least 2012. Furthermore, given documentation of 90% pain relief and increase in activities of daily living, there is documentation of functional benefit and increase in activity tolerance as a result of Norco use to date. However, despite documentation of functional status and appropriate medication use, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief and side effects.

Therefore, based on guidelines and a review of the evidence, the request for 60 Norco 7.5/325mg is not medically necessary.