MAXIMUS Federal Services

Case Number:	CM14-0157080		
Date Assigned:	10/08/2014	Date of Injury:	07/17/2000
Decision Date:	11/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Rehabilitation and is licensed to practice in New York. 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 54-year-old male who reported an injury on 07/17/2000. The mechanism of injury was not specified. His diagnoses were failed back syndrome of the lumbar spine, degenerative disc disease of the lumbar spine, and fibromyalgia/myositis. His previous treatments included medications, physical therapy, and a TENS unit. His diagnostic studies were not provided. His previous surgeries included lumbar fusions. On 09/08/2014, the injured worker reported his pain had recently increased and he ran out of Norco. He described the pain as a deep achy pain in his back that radiated down his bilateral lower extremities. He had numbness and tingling that had increased since he stopped taking his gabapentin. The physical examination revealed there was pain noted over the lumbar intervertebral spaces on palpation. Anterior lumbar flexion caused pain and extension of the lumbar spine was noted to be 20 degrees. The straight leg raise was negative and palpation of the lumbar facets revealed no pain. His medications were noted as enalapril maleate 10 mg, Norco 10/325 mg, and gabapentin 300 mg. The treatment plan was for Norco 10/325 mg qty 75, gabapentin 300 mg qty 90 and 1 refill, and 1 TENS (transcutaneous electrical nerve stimulation) unit at Universal Pain Management. The rationale for the TENS unit was that it was found to be his most helpful treatment thus far. The Request for Authorization form was submitted on 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qty 75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, (criteria for use, for chronic pain) Page(s): 78; 80.

Decision rationale: Based on the clinical information submitted for review, the request for Norco 10/325 mg qty 75 is not medically necessary. According to the California MTUS Guidelines, long term effectiveness of opioids for chronic back pain is unclear, but they seem to be effective but limited for short term pain relief. Ongoing use of opioids should include continuous documentation of pain relief, functional status, appropriate medication use, and side effects. Also, a detailed pain assessment should be done at every office visit which includes current pain at the time of visit, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. It was noted that the injured worker had previous lumbar fusions and had recently noticed an increase in his pain. He described the pain as a deep achy pain in the back that radiated down his bilateral lower extremities which was worse on the left side. The clinical information submitted for review failed to provide objective information indicating that the physician had performed a detailed pain assessment as it is required by the Guidelines. Also, it was noted that on 09/08/2014 a urine drug screen was collected which showed inconsistencies with his medication regimen. The results indicated that he was negative for hydrocodone on several occasions and there was insufficient documentation that indicated that the physician had discussed the issue with the injured worker. There was a lack of objective clinical documentation that showed that the medication was beneficial to his functioning ability and that he had improved pain with medication usage. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for Norco 10/325 mg qty 75 is not medically necessary.

Gabapentin 300mg qty 90 and 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16-18.

Decision rationale: Based on the clinical information submitted for review, the request for gabapentin 300 mg qty 90 and 1 refill is not medically necessary. According to the California MTUS Guidelines, Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The note dated 09/08/2014 indicated that the injured worker had not been seen since 01/2014 and had since seen an increase in numbness and tingling due to him stopping his Gabapentin. Although it was noted that he had increased numbness and tingling when he stopped Gabapentin, there was insufficient objective clinical data submitted for review that had ongoing documentation indicating that the medication had decreased his neuropathic pain.

Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for Gabapentin 300 mg qty 90 and 1 refill is not medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulation) Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation), Page(s): 114-116.

Decision rationale: Based on the clinical information submitted for review, the request for TENS (Transcutaneous Electrical Nerve Stimulation) Unit is not medically necessary. According to the California MTUS Guidelines, TENS units are not recommended as a primary treatment modality; however a 1 month home based TENS trial may be considered as a noninvasive conservative option. The unit must be used as an adjunct to a program of evidence based functional restoration. The criteria indicate that there must be evidence that other appropriate pain modalities have been tried, including medication, and failed. The injured worker reported an increase in low back pain. He reported that he found that a TENS unit was the most helpful for his pain. The Guidelines indicate that there must be evidence of appropriate pain modalities that have been trialed, to include medications, and failed, which the clinical documentation lacked objective data indicating what other treatment modalities the injured worker had trialed. Also, it was unclear as to what program of evidence based functional restoration the injured worker was using along with a TENS unit. Furthermore, the request failed to provide the duration for the use of the unit. As such, the request for TENS (Transcutaneous Electrical Nerve Stimulation) Unit is not medically necessary.