

<b>Case Number:</b>	CM14-0163123		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 North Carolina. 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 is a 40-year-old with a reported date of injury of 10/13/2010, 10/27/2008 and 12/06/2008. The patient has the diagnoses of chronic pain syndrome, myalgia/myositis, thoracic or lumbosacral radiculitis, intervertebral disc disorder without myelopathy and degenerative disc disease of the lumbar or lumbosacral vertebral disc. Past treatment modalities have included epidural steroid injections and physical therapy. Per the progress notes provided for review by the treating physician dated 09/11/2014, the patient had complaints of low back pain. The physical exam noted tenderness over the thoracic and lumbar paraspinal muscles and pain with lumbar flexion and extension. The treatment plan recommendations included home exercise program, TENS unit and pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325 mg #120 with no refills (dispensed 9/11/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Opioids for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. The most recent progress reports do not mention the patient's current work status .The patient continues to have significant pain. The patient rates the pain a 6/10 without medication and a 5/10 with medication. Functional improvement is simply states as the patient's ability to have increased mobility and perform ADLs. For these reasons the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.

**TENS unit pads- 3 month supply:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

**Decision rationale:** Per the 09/11/2014 progress note form the primary treating physical, the patient has been using the TENS unit with benefit at physical therapy. The patient has a home TENS unit but does not have the pads to use at home. There is documentation that the patient is using the TENS unit in conjunction with a program of evidence-based functional restoration in the form of physical therapy and continuation of that therapy in a home exercise program. Therefore criteria for use of TENS unit in the treatment of pain has been met per the California MTUS. The request is medically necessary.