Case Number:	CM14-0180307		
Date Assigned:	11/04/2014	**Date of Injury:**	08/29/2012
Decision Date:	12/10/2014	**UR Denial Date:**	09/25/2014
Priority:	Standard	**Application Received:**	10/30/2014

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 Occupational 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:

The 39 year old male farm laborer injured his left shoulder and lower back at work when he slipped and fell while carrying a box weighing approximately 30 pounds. This occurred on 29 Aug 2012. This has been diagnosed as left shoulder strain, lumbar facet syndrome and lumbar radiculopathy. Presently the patient complains of 7/10 left shoulder pain and 7/10 low back pain with radiation into the left hip and his calves. Examination in Sep 2014 showed positive tests for left shoulder impingement and decreased range of motion to lumbar spine. Shoulder MRI (Dec 2012) showed degenerative changes at the AC joint causing mild impingement. Cervical MRI (Dec 2012) showed minimal degeneration of the end plate at C6-7. Lumbar MRI (Dec 2012) showed minimal early anterior disc and endplate degeneration from L2-L5 and minimal facet hypertrophy at L5-S1. Electromyography (EMG) and nerve conduction velocities (NCV) studies (Jul 2014) on bilateral upper and lower extremities showed no evidence of peripheral neuropathy or radiculopathy. He has been treated with physical therapy, lumbar epidural steroid injections (2 injections - without prolonged benefit), deep tissue massage (made symptoms worse) and medications (oxycodone, Tylenol, Flexeril, Vicodin, amitriptyline, Norco, tramadol, Baclofen, Soma). Self-evaluation in Mar and May 2014 showed that the medication (ibuprofen, Norco, tramadol, Lidoderm patch and Soma) used to control his symptoms had minimal effect at improving his activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5/325 mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Page(s): 60, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day which is usually 60mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction. The pain guidelines in the MTUS directly address this issue and have a number of recommendations to identify when addiction develops and to prevent addiction from occurring. The present provider is appropriately monitoring this patient but does not note any improvement in pain control with the use of this opioid preparation. In fact, the patient's self-assessment showed little functional improvement from any of the medications prescribed. Since there is no documented benefit or significant functional progress from use of this medication justification for further treatment with this medication has not been shown to be medically necessary.

Exercise Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Memberships

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 48-9, 174, 181-2; 230-1,Chronic Pain Treatment Guidelines Page(s): 1-3, 6, 8; 98-9.

Decision rationale: Physical therapy (PT) can be active or passive. Passive may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the PT office and at home is more likely to result in a return to functional activities. There is strong evidence that directed exercise could return an injured worker to work. However, the MTUS does not directly comment on use of a home exercise kit. It does note, though, that there is insufficient evidence to recommend one exercise program over another. Additionally, there are no evidenced-based controlled studies to either recommend or discourage use of a home exercise kit. An important point for this patient is that the medical records available for review noted that the patient is not motivated to return to work. Having equipment at home to exercise on does not mean the patient will use it. Many physical therapists will give patients a home program that can be accomplished with use of simple elastic bands and other exercises that do not need expensive equipment to

complete. The physical therapy treatment on this patient has just been initiated. It is too early to tell if an exercise program will benefit this patient. At present there is not enough evidence to suggest a home exercise kit is medically necessary.

TENS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 48-9, 181,203,300,Chronic Pain Treatment Guidelines Page(s): 114-6.

Decision rationale: Transcutaneous Electrical Nerve Stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves which can result in lowering acute or chronic pain. According to ACOEM guidelines there is not enough science-based evidence to support using TENS in the treatment of chronic pain. Additionally, there is a lot of conflicting evidence for use of many physical modalities when treating low back pain making it difficult to understand if TENS therapy is actually helping a patient or not. However, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. The MTUS lists specific criteria for use of this treatment (CPMTG pg 116). For this patient, other modalities have been used with documented no or only partial success (physical therapy, medications and rest) in lessening the pain. However, there has been no significant improvement in the patient's activities of daily living or a reduction in work restrictions. At this point in the care of this patient a one month trial of TENS does make sense to see if more functional return of activity can be achieved. Documentation of functional improvement is key for continued use. The request is medically necessary.