

Case Number:	CM14-0034310		
Date Assigned:	06/25/2014	Date of Injury:	07/02/2007
Decision Date:	07/22/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota 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 07/02/2007. The mechanism of injury was not provided for clinical review. The diagnoses include status post anterior cervical discectomy, lumbar spine musculoligamentous sprain/strain, and bilateral shoulder impingement syndrome. Previous treatments include surgery, an EMG and NCV, and medication. Within the clinical note date 06/05/2014, it was reported the injured worker complained of right upper extremity pain. She reported the pain was radiating from her elbow to the right hand and to the fingers. She rated her pain 3/10 to 4/10 in severity which increases to 7/10 in severity. The injured worker noted pain interferes with gripping, grasping, and household activities. On the physical examination of the upper extremity the provider noted the injured worker to have a positive Tinel's tap test in the right elbow along the cubital tunnel. The Tinel's tap test was also positive on the right wrist, eliciting numbness and tingling to the hand along the median nerve. There was hypoesthesia with light touch in the right C7 and C8 along the median and ulnar nerve distribution. The provider indicated the injured worker had pain in the right forearm belly along the radial nerve. Active range of motion of the right elbow was measured with flexion at 18 degrees and extension at 0 degrees. The provider requested a home electrical muscle stimulation unit; however, a rationale was not provided for clinical review. The request for authorization was submitted and dated 02/06/2014.

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: 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, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary. The injured worker complained of radiating pain from the elbow to the right hand to the right fingers. She rated her pain 3/10 to 4/10 and which has increased to 7/10 in severity. She reported the pain interferes with gripping, grasping, and household activities. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, and appropriate medication use and side effects. The guidelines note a pain assessment should include the current pain, the least reported pain over the period since the last assessment, average pain and intensity of pain after taking the opioid and how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is not enough documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted did not provide the frequency of the medication. The injured worker had been utilizing the medication since at least 02/2014. Additionally, the use of a urine drug screen was not provided in the clinical documentation. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

Home electrical muscle stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electric Stimulation (NMES) devices. Decision based on Non-MTUS Citation Official Disability Guidelines pain, electrical muscle stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The request for home electrical muscle stimulation unit is not medically necessary. The injured worker complained of radiating pain from the elbow to the right hand to the right fingers. She rated her pain 3/10 to 4/10 and which has increased to 7/10 in severity. She reported the pain interferes with gripping, grasping, and household activities. The California MTUS Guidelines do not recommend neuromuscular electrical stimulation. Neuromuscular electrical stimulation is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support the use in chronic pain. There are no intervention trials suggesting benefit from neuromuscular electrical stimulation for chronic pain. The request submitted did not provide the duration of treatment the provider recommended. In addition, the request did not specify a treatment site. Furthermore, the guidelines do not recommend the use of a neuromuscular electrical stimulation unit. Therefore, the request for a home electrical muscle stimulation unit is not medically necessary.