

Case Number:	CM14-0034979		
Date Assigned:	06/23/2014	Date of Injury:	08/26/2008
Decision Date:	07/24/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology, has a subspecialty in Physical Medicine and Rehabilitation and is licensed to practice in California and Nevada. 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 55 year old female who sustained an injury on 08/26/08 when she was struck at the left side of the body by a motor scooter. The injured worker also indicated that the scooter ran over the right foot. The injured worker developed complaints of low back pain radiating to the bilateral hips, knees, right ankle, and right foot. The injured worker is noted to have had a prior surgical intervention for the right knee in 2009 followed by postoperative physical therapy. The injured worker did undergo a partial right knee replacement in 2010 again followed by physical therapy. Medication history was pertinent for Hydrocodone use. The injured worker was being followed a treating physician for pain management. The injured worker reported continuing complaints of right knee pain that increased with any standing, walking, flexing, or extending the knee. The injured worker was also found to have degenerative arthritis in the left knee. It is noted that the injured worker had been recommended for a further revision knee replacement for the right knee as well as a medical weight loss problem. The clinical report from the treating physician on 02/26/14 noted persistent pain, stiffness, and weakness in the right knee, right ankle, and right foot. On physical examination, there is tenderness to palpation over the medial and lateral joint lines as well as loss of range of motion in the bilateral knees. The injured worker was recommended to utilize a transcutaneous electrical nerve stimulator (TENS) unit for the lumbar spine at this evaluation. The treating physician indicated that Norco was added to the injured worker's pain management regimen for optimal relief. The treating physician felt this medication was a palliative treatment pending surgical intervention. The injured worker did report reduction of pain from 9/10 on the VAS to 5/10 with improved mobility. The injured worker was also obtaining adequate sleep. The treating physician indicated there was no aberrant behavior or side effects with the use of Norco.

The treating physician also indicated that he felt a trial of a TENS unit would be appropriate as an adjunct to therapy; however, he did not indicate what other functional restoration functional rehabilitation programs were being provided to the injured worker. The requested transcutaneous electrical nerve stimulator unit with associated batteries and wipes as well as Norco 2.5/325mg, quantity 120 was denied by utilization review on 03/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulator unit for pain.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for TENS unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: Per guidelines, a transcutaneous electrical nerve stimulator (TENS) unit can be considered an option for the treatment of chronic musculoskeletal pain when utilized as an adjunct to a formal rehabilitative therapy program. From the clinical documentation submitted for review, there is no indication that the injured worker was actively attending any further physical therapy or attending any other type of rehabilitation program in which a TENS unit could have been reasonably used as an adjunct. The clinical documentation submitted for review did not meet guideline recommendations regarding the use of a TENS unit for chronic musculoskeletal pain. Therefore, this reviewer would not have recommended this durable medical equipment as medically necessary. The requested TENS unit for ongoing low back pain is not medically necessary.

Batteries for transcutaneous electrical nerve stimulator unit.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary durable medical device is not medically necessary, none of the associated equipment is medically necessary.

Wipes for the transcutaneous electrical nerve stimulator.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary durable medical device is not medically necessary, none of the associated equipment is medically necessary.

Lead wires for the transcutaneous electrical nerve stimulator unit.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary durable medical device is not medically necessary, none of the associated equipment is medically necessary.

Norco 2.5/325mg #120.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to Norco 2.5/325mg, quantity 120, this reviewer would have recommended this medication as medically necessary. The information from the treating physician indicated the injured worker did have at least 40% improvement in overall musculoskeletal complaints with the use of Norco. The injured worker was utilizing a minimal dose of narcotic medications with no evidence of aberrant medication use or signs of sedation or other side effects. Guidelines do recommend short acting narcotics such as Norco as an option in the treatment of moderate to severe musculoskeletal complaints. Guidelines do recommend that there be ongoing assessments regarding the efficacy of this class of medications. Given the information regarding the benefits obtained with the continued use of this medication, this request is medically necessary.

Naproxen 550mg #sixty.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The chronic use of prescription non-steroidal anti-inflammatory drugs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the injured worker

could have reasonably transitioned to a over-the-counter medication for pain. Based on the clinical documentation provided for review and current evidence based guideline recommendations, Naproxen 550mg quantity 60 is not medically necessary.