

Case Number:	CM14-0044851		
Date Assigned:	07/02/2014	Date of Injury:	10/25/2011
Decision Date:	08/21/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/11/2014

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 Illinois. 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 49-year-old male who reported an injury on 10/25/2011. The mechanism of injury was a fall. His diagnoses include lumbar radiculopathy, right elbow sprain, left knee contusion, status post wrist surgery, bilateral wrist sprain, and status post open reduction and internal fixation of a tibia/fibula fracture. On 03/04/2014, the injured worker presented with low back pain with radiation to both legs. His physical examination revealed use of a cane with ambulation, and obvious right sided limp, and limited range of motion to the lumbar spine. His medications were noted to include Lortab, Voltaren, Prilosec, and Neurontin. A treatment plan was noted to include medication refills, physical therapy, referral for a second opinion, and a muscle stimulation unit for lumbar spine complaints. His previous treatments were noted to include lumbar epidural steroid injections, splinting, and medications. Additionally, a 04/10/2014 clinical note indicated that the injured worker had received a muscle stimulation unit and it had been effective in the treatment of his low back pain. The rationale for a muscle stimulation unit was for lumbar spine complaints and a clear rationale was not provided for the request for Lortab. A request for authorization for medications including Lortab was submitted on 03/04/2014. However, a request for authorization form for the muscle stimulation unit was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle Stimulation Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NEMS Devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 121.

Decision rationale: According to the California MTUS Guidelines, neuromuscular electrical stimulation is used primarily as a part of a rehabilitation program following stroke. However, the Guidelines specify that there is no evidence to support use of neuromuscular electrical stimulation devices for chronic pain. The clinical information submitted for review failed to show that the injured worker was recovering from a stroke. Therefore, based on this and as the requested unit is not supported in the treatment of chronic pain, the request is not supported. Further, documentation indicated that the injured worker had previously received a muscle stimulation unit. Therefore, further documentation would be needed regarding why the injured worker requires an additional unit at this time. For the above reasons, the request for a Muscle Stimulation Unit is not medically necessary.

Lortab 7.5-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioid medication should be based on clear documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker had consistent results on a urine drug screen performed on 02/13/2014, which revealed evidence of hydrocodone. However, a detailed pain assessment with measurable pain scores to verify efficacy, as well as evidence of improved ability to perform activities of daily living, were not provided in the medical records. In the absence of this information, the ongoing use of Lortab is not supported. In addition, the request failed to provide a frequency. Based on the above reasons, the request for Lortab 7.5-325mg #60 is not medically necessary.