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| <b>Case Number:</b>   | CM14-0045370 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 11/25/2002 |
| <b>Decision Date:</b> | 08/07/2014   | <b>UR Denial Date:</b>       | 03/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/01/2014 |

### 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, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of November 25, 2002. A progress note dated February 12, 2014 identifies subjective complaints of almost perfect low back pain since a rhizotomy he had of the lumbar spine on December 12, 2013. The patient complains of burning pain when he walks a lot, his low back pain level is rated at a 2 - 3/10, he complained of ongoing neck pain which he rates at a 6 - 8/10, reports improvement pain with the, continued pain and numbness down both arms, he reports decreased use of Norco since the rhizotomy, the patient reports to currently be using 1 to 2 tablets of Norco daily, the patient uses to Elavil at night, he uses Flexeril twice a day, he uses Promolaxin once a day, the patient reports decreased pain and improved function with the pain medications, and he reports that the Elavil is making him sleep too much. Physical examination identifies decreased range of motion of the cervical, thoracic, and lumbar spine in all planes, lumbar extension is less than 5, gait is antalgic, tenderness palpation of the cervical and thoracic paraspinal muscles, tenderness to palpation of the lumbar facet joints, positive lumbar facet challenge, increased pain with lumbar extension, and 4+/5 strength of bilateral quadriceps, hamstrings, tibialis anterior, and EHL limited by pain. The CURES report dated February 12, 2014 was consistent with current providers and the urine toxicology screening performed on July 23, 2013 was consistent with current medications. Diagnoses include L3 - L4 and L4 - L5 facet arthropathy, moderate canal stenosis at L4 - L5 and L3 - L4, lumbar radiculopathy, C-5 - C6 fusion, medication induced gastritis, and history of renal insufficiency.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen) 10/325 #60, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the pain (in terms of percent reduction in pain or reduced NRS), no specific identification of functional improvement, and no documentation regarding side effects. In the absence of such documentation, the currently requested Norco (hydrocodone/acetaminophen) 10/325 #60 is not medically necessary.

**1 TENS unit supplies including pads, and batteries: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

**Decision rationale:** Regarding the request for TENS unit supplies including pads and batteries, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, the patient has been using a TENS unit for an unknown amount of time, it is unclear how often the patient had been using the TENS unit and there is no clear documentation that the TENS unit is improving the pain (in terms of percent reduction in pain or reduced NRS) and no specific identification of functional improvement. In the absence of clarity regarding those issues, the currently requested TENS unit supplies including pads and batteries is not medically necessary.

**1 MRI of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

**Decision rationale:** Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of objective neurologic deficit or failure of conservative treatment for at least 3 months. It appears as if the patient underwent the MRI of the cervical spine on 2/20/2014 and there is no indication as to how the patients physical examination findings have progressed since that time to support a repeat imaging study. In the absence of clarity regarding those issues, the requested cervical MRI is not-medically necessary.