

<b>Case Number:</b>	CM14-0195147		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Interventional Spine 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 patient is a 69 year old female with an injury date of 09/16/14. Based on the 09/29/14 progress report, the patient complains of right neck pain and right shoulder pain. In regards to her cervical spine, she has tender cervical paraspinals on the right. She has a limited range of motion on the right shoulder. The 10/13/14 report states that the patient continues to have right neck pain and right shoulder pain. In addition, she has right head/face pain and discomfort. She has tenderness, pain, and spasm on her cervical spine. The 10/23/14 report indicates that the patient has neck pain which radiates to the right arm, right shoulder pain, low back pain, stress, anxiety, and depression. Cervical compression test elicits local neck pain. In regards to the lumbar spine, there is flattening of the lumbar lordotic curvature, mild tenderness to palpation and muscle guarding over the paraspinal musculature. For the right shoulder, there is tenderness over the subacromial region, acromioclavicular joint, supraspinatus tendon, anterior capsule, and posterior scapular muscles. Impingement and cross arm tests elicit posterior shoulder girdle pain. The patient's diagnoses include the following: 1) cervical musculoligamentous sprain/strain with right upper extremity radiculitis and foraminal stenosis at C4-C5 and C6-C7 levels, per MRI scan 07/25/13; 2) lumbar musculoligamentous sprain/strain with underlying disc degeneration at L3-L4 and L5-S1 levels, anterior vertebral body spurring at L3-L4 and slight facet arthropathy at L5-S1, per radiographs 07/11/11; 3) right shoulder impingement syndrome and periscapular strain, with underlying slight acromioclavicular degenerative joint disease, per radiographs 07/25/13; 4) stress-related complaints. The utilization review determination being challenged is dated 11/03/14. There were four treatment reports provided from 09/29/14-10/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** According to the 10/23/14 report, the patient presents with neck pain which radiates to the right arm, right shoulder pain, low back pain, stress, anxiety, and depression. The request is for Home H-Wave to help control pain, spasm, and to reduce her medication needs. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Prior TENS unit failure is required as well. In this case, there is no evidence that a 30-day trial has been successful and there is no documentation that the patient has failed prior TENS unit. Therefore, the requested Home H-Wave unit is not medically necessary.

**Tramadol ER 150mg, one tablet per day #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78, 88-89.

**Decision rationale:** According to the 10/23/14 report, the patient presents with neck pain which radiates to the right arm, right shoulder pain, low back pain, stress, anxiety, and depression. The patient has been taking Tramadol as early as 09/29/14. None of the reports provided discuss how Tramadol impacted the patient's pain and function. MTUS Guidelines pages 88 and 89 state: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the 4 A's are addressed as required by MTUS. The treating physician fails to provide any pain scales. There are no examples of ADLs (activities of daily living) which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No opiate management issues are discussed such as CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screens to monitor for medicine compliance are not addressed. The treating physician has

failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The request is not medically necessary.