

Case Number:	CM14-0195710		
Date Assigned:	12/03/2014	Date of Injury:	04/01/2014
Decision Date:	01/20/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	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 & Rehabilitation, and is licensed to practice in Wisconsin. 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 52-year-old female who reported an injury on 04/01/2014. The mechanism of injury reportedly occurred while she was kneeling and reaching for coins in her course of duties. Her diagnoses included thoracic or lumbosacral radiculitis, spondylolisthesis, and spinal stenosis of the lumbar region. Past treatments have included a TENS unit, physical therapy, medications, and chiropractic treatment. Diagnostic studies include an MRI of the lumbar spine with and without contrast performed on 06/02/2014, with findings at the T12 to L5 level of the conus medullaris terminates normally near the level of the superior end plate of L1. At L5 to S1, bilateral pars defects are present, with 7 to 8 mm spondylolisthesis, compounding mild disc height reduction and 3 mm lateralizing disc protrusion results in moderate bilateral foraminal narrowing. No lateral recess stenosis present. Her surgical history was noncontributory. An examination on 10/31/2014, noted the injured worker complained of pain and exhibited impaired activities of daily living. Objective physical examination findings were not provided. The documentation submitted for review noted that the injured worker's medication regimen has included Percocet 10/325 mg. The treatment plan included the purchase of a home H-Wave device and system for use 2 times per day at 30 to 60 minutes per treatment as needed. The rationale for the request was that the trial of home H-Wave has shown to be beneficial to the injured worker, with given examples of increased function due to H-Wave such as "walk further, sit longer, it has helped me much more than the TENS machine, and I can sometimes decrease meds, but I still need to take meds daily." The Request for Authorization form dated 10/31/2014 was submitted in the documentation received for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use, On-Going Management Page(s): 76-78.

Decision rationale: The request for Percocet 10/325 mg is not medically necessary. The injured worker has low back pain. At a physical examination on 10/31/2014, it was noted that the injured worker continued to complain of pain, but had documented that she had been able to decrease her oral medication use due to other treatment modalities. The California MTUS Guidelines state that the ongoing management of opiate therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted documentation did not include a detailed pain assessment to establish adequate pain relief with use of Percocet. There was also no evidence of functional improvement or lack of adverse effects and aberrant behaviors. Additionally, a urine drug screen was not submitted to verify appropriate medication use. Moreover, the request as submitted failed to include a frequency of use and quantity of medications requested. In the absence of documentation showing details regarding the injured worker's medications, including her use of Percocet, and the appropriate documentation to support the ongoing use of opioids, the request is not supported. As such, the request for Percocet 10/325 mg is not medically necessary.

H-Wave Unit, purchase: Upheld

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

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

Decision rationale: The request for H-Wave unit purchase is not medically necessary. The injured worker has low back pain, and has completed a trial of H-Wave therapy. The California MTUS Guidelines do not recommend H-Wave units as an isolated intervention, but a 1 month home based trial of H-Wave stimulation may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus TENS unit. The documentation submitted for review does not include evidence of the injured worker participating in a program of evidence based functional restoration. The documentation indicated the injured worker completed a trial of H-Wave use; however, the documentation indicated a 21 day trial as opposed to a 30 day trial as recommended by the guidelines. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the trial as well as decreased pain and medication use. As such, the request for H-Wave unit purchase is not medically necessary.

