

Case Number:	CM14-0205035		
Date Assigned:	12/17/2014	Date of Injury:	07/29/1998
Decision Date:	02/09/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine 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 58 year old female who sustained a work related injury on July 29, 1998. According to a progress report dated October 1, 2014, the patient reported lumbar pain rated at 8/10. Leg pain and sciatica have worsened and her condition has deteriorated without medications. With medications, her pain was decreased by 50% and she was more functional. TENS unit helps. Objective findings: mild to moderate spasms, an antalgic gait and restricted range of motion with decreased sensation at L5-S1, motor strength of the lower extremities was equal bilaterally at 5/5. Diagnostic impression: status post lumbar fusion L4-5 and L5-S1, chronic low back pain, lumbar facet breakdown above the level of previous fusion, lumbar discogenic disease multilevel. The past treatment modalities consisted of conservative therapy, TENS unit, epidural steroidal injections (no dates noted), physical therapy, narcotic pain control, Neurontin, Terocin lotion and intermittent Toradol injections. On November 20, 2014 the Utilization Review denied certification for the TENS unit and modified the prescription for Norco 10/325mg #90 to Norco 10/325mg #60 for weaning purposes. Regarding the TENS unit, the efficacy and safety of TENS units for chronic low back pain is not established. Regarding Norco, the patient has been weaned off of Percocet at the insistence of previous review physicians and now needs to be weaned down from the dangerous dose of Norco to either a small dose or none at all.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 114-116.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit 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 and that other ongoing pain treatment should also be documented during the trial period including medication. In the present case, the patient is noted to have previously used a TENS unit with benefit. However, the specific subjective and objective functional improvements directly related to the use of TENS unit are not clearly outlined. There is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. In addition, there is no documentation of decreased medication use as a result of using the TENS unit. Therefore, the request for TENS Unit is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, given the 1998 date of injury, 17 years ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #90 is not medically necessary.