

<b>Case Number:</b>	CM15-0000700		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/07/2008
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old man sustained an industrial injury on 10/7/2008. The mechanism of injury was not detailed. Current diagnoses include depression, lumbago, sleep disturbance, knee pain, chronic pain syndrome, and lumbar sprain/strain. Treatment has included oral medications, cognitive behavior therapy, and right knee arthroplasty. Physician notes dated 11/29/2014 on a PR-2 show constant right knee pain and intermittent low back pain. He also reports continued sleep issues. The treatment plan includes TENS patches and Norco with a note that the worker failed NSAID and Tramadol, however, further details are not included. There are notes that authorizations are still awaited on chiropractic treatment x6 sessions and orthopedic evaluation for TKR. The worker is instructed to continue home exercise program and TENS. On 12/5/2014, Utilization Review evaluated prescriptions for six sessions of chiropractic therapy to the hips and lower back, TENS unit, two pairs of TENS patches, and Norco 10/325 mg #140, that was submitted on 1/2/2015. The UR physician noted that it was unclear if the worker had received prior chiropractic treatment for his injury as the injury is seven years old and there was no physical examination of the hip provided for review and no evidence of a musculoskeletal condition to the lumbar spine. There was no written pain agreement or consent provided and no previous urine toxicology results were made available. Further, there was no documentation of failed conservative treatments prior to requesting a TENS unit. The MTUS, ACOEM Guidelines, or ODG was cited. The requests were denied and subsequently appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chiropractic 6 sessions Hip and Lower Back: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The patient is a 56 year old male with an injury date of 10/07/08. Per the 11/29/14 report the patient presents with constant right knee pain associated with giving way s/p compartment arthroplasty of unknown date. The patient also presents with lower back pain radiating into the bilateral hips and continued sleep issues. The patient's diagnoses include: Knee pain; Chronic pain syndrome; and Lumbar sprain/strain. The current request is for CHIROPRACTIC 6 SESSIONS HIP AND LOWER BACK. The RFA dated 11/29/14 references the 11/02/14 PR-2; however, this report is not included for independent review. It is not clear if the patient is currently working. The 11/29/14 report states the patient is to remain off work until 11/02/14. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back it is recommended as an option. For Therapeutic care, A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. The treater does not discuss this request in the reports provided. There is no evidence of prior chiropractic care for this patient. In this case, chronic pain caused by musculoskeletal conditions including lower back pain is documented for this patient and the requested 6 sessions is within what is allowed for a trial by guidelines. The request IS medically necessary.

### **TENS Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The patient is a 56 year old male with an injury date of 10/07/08. Per the 11/29/14 report the patient presents with constant right knee pain associated with giving way s/p compartment arthroplasty of unknown date. The patient also presents with lower back pain radiating into the bilateral hips and continued sleep issues. The patient's diagnoses include: Knee pain; Chronic pain syndrome; and Lumbar sprain/strain. The current request is for TENS UNIT per the 11/29/14 RFA. It is not clear if the patient is currently working. The 11/29/14 report states the patient is to remain off work until 11/02/14. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation)(p114-116) states, "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,

for the conditions described below. MTUS further states use is for neuropathic pain." The 11/29/14 report states the patient continue to use TENS. The reports show TENS is not a primary treatment modality as the patient is using medication for pain, home exercise and the treater is requesting for acupuncture treatment. However, the reports provided do not discuss how the unit is used or if it decreases pain or increases function. In this case, the request IS NOT medically necessary.

**TENS Patch times 2 pairs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The patient is a 56 year old male with an injury date of 10/07/08. Per the 11/29/14 report the patient presents with constant right knee pain associated with giving way s/p compartment arthroplasty of unknown date. The patient also presents with lower back pain radiating into the bilateral hips and continued sleep issues. The patient's diagnoses include: Knee pain; Chronic pain syndrome; and Lumbar sprain/strain. The current request is for TENS PATCH TIMES 2 PAIRS per the 11/29/14 RFA. It is not clear if the patient is currently working. The 11/29/14 report states the patient is to remain off work until 11/02/14. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation)(p114-116) states, "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, for the conditions described below. MTUS further states use is for neuropathic pain. The 11/29/14 report states the patient continue to use TENS. The reports show TENS is not a primary treatment modality as the patient is using medications for pain, home exercise and the treater is requesting for acupuncture treatment. However, the reports provided do not discuss how the unit is used or if it decreases pain or increases function." In this case, the request IS NOT medically necessary.

**Norco 10/325 mg #140:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient is a 56 year old male with an injury date of 10/07/08. Per the 11/29/14 report the patient presents with constant right knee pain associated with giving way s/p compartment arthroplasty of unknown date. The patient also presents with lower back pain radiating into the bilateral hips and continued sleep issues. The patient's diagnoses include: Knee pain; Chronic pain syndrome; and Lumbar sprain/strain. The current request is for NORCO 10/325MG #140, Hydrocodone, an opioid---per the 11/29/14 RFA. It is not clear if the patient is

currently working. The 11/29/14 report states the patient is to remain off work until 11/02/14. MTUS Guidelines pages 88 and 89 states, '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 4As (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. The reports provided show the patient has been prescribed this medication since at least 06/04/14. The 11/29/14 report states, "Patient failed nonsteroidal anti-inflammatory and tramadol synthetic narcotic but at this time, due to persistent pain and insomnia, it is not easy to reduce the need for Norco." The 07/12/14 report states that Norco reduces the patient's pain by 50%. Pain is routinely assessed through the use of pain scales. Reports from 07/12/14 to 11/29/14 rate pain as 5/10 with this medication and 10/10 without. Opiate management issues are addressed. The 07/12/14 report states that there are no side effects, signs of abuse or adverse side effects with the use of Norco. A urine toxicology report from 10/02/14 is provided that shows the presence of Hydrocodone as prescribed. However, no specific ADL's are mentioned to show a significant change with use of this medication. Lacking documentation of ADL's as required by MTUS, the request IS NOT medically necessary.