

Case Number:	CM15-0102382		
Date Assigned:	06/04/2015	Date of Injury:	03/04/2004
Decision Date:	07/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 40-year-old male, who sustained an industrial injury on 3/4/04. The diagnoses include lumbar sprain/strain, knee/leg sprain/strain, and thoracic/lumbar neuritis/radiculitis. Per the doctor's note dated 4/16/15 he had complaints of lumbar pain at 5/10 at best and 7/10 at worst with radiation on the left to the posterior distal calf. The physical examination of the lumbar spine revealed tenderness; range of motion; flexion 70, extension 20, rotation 25/25 and lateral bending 20/20 degrees. The medications list includes relafen, sonata and hydrocodone-acetaminophen. He had been taking Hydrocodone since at least 10/1/14. Treatment to date has included a transforaminal left lumbar epidural steroid injection at L5 on 1/27/15, TENS, heat application, and medication. The treating physician requested authorization for NexWave and supplies (4 packs re-usable electrical stimulation electrodes and 4 Zynex 9 volt batteries, once per month) for the date of service 2/21/15. Other requested treatments included Hydrocodone 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME NexWave and supplies (4 packs re-usable electrical stimulation electrodes & 4 Zynex 9 volt batteries, once per month), DOS: 2/21/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 114-116 TENS, chronic pain (transcutaneous electrical nerve stimulation)nPage 118-120 Interferential Current Stimulation (ICS)nPage 121 Neuromuscular electrical stimulation (NMES devices).

Decision rationale: Request - DME NexWave and supplies (4 packs re-usable electrical stimulation electrodes & 4 Zynex 9 volt batteries. Nexwave unit is a combination of TENS, IF and NEMS units. Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use of effectiveness of electrical stimulation for chronic pain. According the cited guidelines, 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Per the CA MTUS Chronic Pain Medical Treatment Guidelines neuromuscular electrical stimulation (NMES devices) is Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no trials suggesting benefit from NMES for chronic pain. Cited guidelines do not recommend TENS, IF and NMES for the chronic pain. Any evidence of stroke is not specified in the records provided. Patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Response to prior conservative therapy including physical therapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of DME NexWave and supplies (4 packs re-usable electrical stimulation electrodes & 4 Zynex 9 volt battery is not established for this patient at this time. Therefore, the requested medical treatment is not medically necessary.

Hydrocodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page 75-80.

Decision rationale: Request - Hydrocodone 10/325mg #120. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics/medications is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regard to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant, anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The request for Hydrocodone 10/325mg #120 is not medically necessary for this patient.