

Case Number:	CM15-0103540		
Date Assigned:	06/08/2015	Date of Injury:	11/10/2009
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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:

The injured worker is a 32 year old male, who sustained an industrial injury on 11/10/2009. He reported a back injury while working as a mechanic. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having L4-5 and L5-S1 discogenic changes, recurrent leg pain, disc protrusions at L4-5 and L5-S1, and thoracic spine multilevel disc degeneration. Treatment and diagnostics to date has included lumbar spine MRI which showed evidence of recurrent disc protrusion at L4-5, thoracic spine MRI which showed evidence of multilevel discogenic changes with disc degeneration, physical therapy, activity modification, epidural steroid injections, left L4-5 discectomy with good outcome, and medications. In a progress note dated 04/30/2015, the injured worker presented with complaints of left sided lower back pain, tailbone pain, left lower extremity pain, and mid back pain. Objective findings include positive right straight leg raise test, pain to mid thoracic area with palpable spasms, and decreased lumbar range of motion. The treating physician reported requesting authorization for Norco and interferential stimulator unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient was injured on 11/10/09 and presents with low back pain, mid back pain, tailbone pain, and left lower extremity pain. The request is for an INTERFERENTIAL STIMULATOR FOR PURCHASE. There is no RFA provided and the patient is permanent and stationary. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118 - 120, state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The 04/30/15 report states that "besides pain control, the interferential device prescribed has FDA approved indications for increasing local blood circulation, reduction of muscle spasms and assisting in maintaining or increasing range of motion thus treating the underlying cause of musculoskeletal pain." However, there is no discussion provided on how the device will be used, or what body part will be treated. The patient has pain to palpation in the mid-thoracic area, palpable spasms, a decreased range of motion, and a positive straight leg raise on the left. The patient is diagnosed with L4-5 and L5-S1 discogenic changes, recurrent leg pain, disc protrusions at L4-5 and L5-S1, and thoracic spine multilevel disc degeneration. Treatment and diagnostics to date include lumbar spine MRI which showed evidence of recurrent disc protrusion at L4-5, thoracic spine MRI which showed evidence of multilevel discogenic changes with disc degeneration, physical therapy, activity modification, epidural steroid injections, left L4-5 discectomy with good outcome, and medications. There is no documentation of patient's history of substance abuse, operative condition, nor unresponsiveness to conservative measures. Documentation to support these criteria has not been met. Furthermore, MTUS requires a 30-day trial of the unit showing pain and functional benefit before a home unit is allowed. In this case, there was no 30-day trial with the interferential unit. Therefore, the requested IF stimulator purchase IS NOT medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids, Weaning of medications Page(s): 78-80, 91, 124.

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 was injured on 11/10/09 and presents with low back pain, mid back pain, tailbone pain, and left lower extremity pain. The request is for NORCO 10/325 MG#120. There is no RFA provided and the patient is permanent and stationary. Treatment reports are provided from 10/27/14 to 04/30/15 and the patient has been taking Norco as early as 10/27/14. 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 patient is diagnosed with L4-5 and L5-S1 discogenic changes, recurrent leg pain, disc protrusions at L4-5 and L5-S1, and thoracic spine multilevel disc degeneration. On 10/27/14, the patient rated his pain as a 6-8/10 and on 01/29/15, he rated it as a 6/10. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although the treater provides general pain scales, there are no before and after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.