MAXIMUS Federal Services

Case Number:	CM15-0147101		
Date Assigned:	08/10/2015	Date of Injury:	08/05/2009
Decision Date:	09/21/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/29/2015

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, Pain Management

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 56 year old female, who sustained an industrial injury on August 5, 2009. The mechanism of injury was a slip and fall in a food store while working with her disabled clients. The injured worker has been treated for back, right shoulder and bilateral knee complaints. The diagnoses have included right knee sprain, left knee internal derangement, lumbar discogenic disease with radicular pain, impingement syndrome right shoulder, chronic pain syndrome, anxiety and depressive disorder due to chronic pain. Treatment and evaluation to date has included medications, radiological studies, psychiatric evaluations, injections, transcutaneous electrical nerve stimulation unit, knee braces, home exercise program and bilateral knee surgeries. The injured worker was not working and was deemed permanent and stationary. Current documentation dated July 1, 2015 notes that the injured worker reported bilateral knee pain. Examination of the knees revealed tenderness and a decreased range of motion bilaterally. Crepitation was noted. A McMurray test was negative. Right shoulder examination revealed abduction to be 100 degrees with grade 4 strength to resisted function. The documentation supports the injured workers ambulation was severely limited and she required a cane or walker for assistance. The documentation supports the injured worker had access to a transcutaneous electrical nerve stimulation unit. The injured worker had a four-lead unit, but did not have a garment. The injured worker was also noted to have a two-lead unit, which she used for traveling. The treating physician's plan of care included requests for Norco # 90 and a conductive garment for a 4-lead TENS (transcutaneous electrical nerve stimulation) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/acetaminophen; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Conductive garment for 4-lead TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121 of 127.

Decision rationale: Regarding the request for Conductive garment for 4-lead TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial with documentation of objective functional improvement and analgesic efficacy. Additionally, there is no documentation indicating what specific objective functional deficits which a Conductive garment for 4-lead TENS would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested Conductive garment for 4-lead TENS unit is not medically necessary.