

Case Number:	CM15-0149073		
Date Assigned:	08/12/2015	Date of Injury:	10/04/2010
Decision Date:	09/15/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/31/2015

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: New Jersey, New York
 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:

The injured worker is a 56-year-old male, who sustained an industrial injury on 10-4-10. The injured worker has complaints of a lumbar spine injury causing severe left lower extremity pain. The documentation noted significant tenderness in left lumbar and S1 (sacroiliac) region and range of motion of the lumbar spine is guarded. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included physical therapy; Norco; MS contin; trazodone and transcutaneous electrical nerve stimulation unit for short periods of times. The request was for four lead transcutaneous electrical nerve stimulation unit purchase; Norco 10-325mg #180 times two months; MS contin 15 mg #90 times two months and trazodone 2.5 every bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Lead TENS unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is not medically necessary. A trial of TENS unit is reasonable as an adjunct to a functional restoration program when other conservative appropriate pain modalities have failed. The patient was not documented to have failed conservative therapy at this point. As per MTUS guidelines, TENS "does not appear to have an impact on perceived disability or long-term pain" in the management of chronic low back pain. A trial of the TENS unit should show improved functional capacity and decrease in pain medication dosage which was not documented. There was no indication that the patient was going to be involved in a functional restoration program. Therefore, the request is not medically necessary.

Norco 10/325mg #180 x 2 months: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for continued Norco use is medically necessary at this time. The patient had the 4 A's documented. Pain relief was documented as well as ability to increase function and perform activities of daily living. His urine drug screens were appropriate. In addition, he did not have adverse side effects to the medication. He has been stable on this dose and does not wish to increase his dose. It is reasonable and medically necessary to remain on Norco at this time.

MS Contin 15mg #90 x 2 months: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pg. 75, 78.

Decision rationale: The request for continued MS Contin use is medically necessary at this time. The patient had the 4 A's documented. Pain relief was documented as well as ability to increase function and perform activities of daily living. His urine drug screens were appropriate. In addition, he did not have adverse side effects to the medication. He has been stable on this dose and does not wish to increase his dose. It is reasonable and medically necessary to remain on MS Contin at this time.

Trazodone 2.5 QHS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/stress, Trazodone.

Decision rationale: The request is considered medically necessary. According to ODG guidelines, Trazodone is recommended for insomnia when there is a potentially coexisting mild psychiatric symptoms. The patient has tried relaxation and meditation to improve sleep quality but continues to struggle with insomnia. The lack of sleep is contributing to his hypertension. Therefore, it may be beneficial and is considered medically necessary.