

Case Number:	CM15-0184054		
Date Assigned:	09/24/2015	Date of Injury:	08/27/2010
Decision Date:	10/30/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/18/2015

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: Massachusetts

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 41 year old male, who sustained an industrial injury on August 27, 2010. The injured worker was diagnosed as having lumbago and cervical pain with cervicgia. Treatment and diagnostic studies to date has included medication regimen, lumbar support with magnets, use of heat, and use of ice. In a progress note dated August 05, 2015 the treating physician reports complaints of ongoing pain to the neck and low back. Examination performed on August 05, 2015 was revealing for insomnia, tenderness to the head and neck, decreased range of motion to the head and neck, tenderness to the lumbar spine, tenderness to the facet joints of the lumbar spine, and decreased range of motion to the lumbar spine. On August 05, 2015 the injured worker's pain level was rated a 6 out of 10 with the use of his medication regimen and rated the pain level an 8 out of 10 without the use of his medication regimen. The progress note also indicated that the injured worker was able to cook, perform household chores such as laundry and gardening, shop, groom himself, and drive. On August 05, 2015 the injured worker's medication regimen included Norco since at least March 23, 2015. On August 05, 2015 the treating physician requested the medication of Norco 10-35mg with a quantity of 120 noting current use of this medication as indicated above. On August 05, 2015 the treating physician also requested a transcutaneous electrical nerve stimulation unit rental with supplies times six months for pain reduction along with the treating physician noting that the injured worker "would like to be more towards treatment modalities such as this and use less medication." On September 01, 2015 the Utilization Review determined the requests for transcutaneous electrical

neurostimulation (TENS) unit rental with supplies times six months and Norco 10-325mg with a quantity of 120 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical neurostimulation (TENS) unit rental with supplies x 6 months:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (http://www.odg-twc.com/odgtwc/Low_back.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in August 2010 and is being treated for neck and low back pain. When seen, he was continuing to work as a supervisor. Medications were decreasing pain from 8/10 to 6/10. Physical examination findings included a weight over 220 pounds. There was decreased cervical and lumbar spine range of motion with lumbar facet tenderness. Regular work was continued. Norco was prescribed at a total MED (morphine equivalent dose) of 40 mg per day. He wanted to try TENS as a possible alternative to medications and a 6 month rental was requested. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. This request for a six month trial is excessive in terms of determining whether ongoing use and possible purchase of a unit could be considered. The request is not considered medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in August 2010 and is being treated for neck and low back pain. When seen, he was continuing to work as a supervisor. Medications were decreasing pain from 8/10 to 6/10. Physical examination findings included a weight over 220 pounds. There was decreased cervical and lumbar spine range of motion with lumbar facet tenderness. Regular work was continued. Norco was prescribed at a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting

combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decrease in pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.