

Case Number:	CM15-0193501		
Date Assigned:	10/07/2015	Date of Injury:	09/05/2014
Decision Date:	11/23/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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: 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 70 year old female, who sustained an industrial injury on 9-5-2014. Diagnoses include bilateral upper extremity overuse syndrome, bilateral carpal tunnel syndrome, lumbar sprain-strain, lumbar radiculopathy, and insomnia. Treatments to date include activity modification, bilateral wrist splints, NSAID, electric shockwave, acupuncture treatments, and chiropractic therapy. On 8-6-15, she reported a recent fall, breaking the left wrist, and a cast was placed. The physical examination documented a fiberglass cast of the left forearm and wrist. The right hand demonstrated positive Phalen's and Tinel's. There was mild thenar atrophy and abductor pollicis brevis weakness, as well as positive Durkan's and positive Prayer sign. There was tenderness and pain with range of motion of the lumbar spine with radiation down bilateral lower extremities. The plan of care included "TENS unit for forearms and back, I prescribed Norco 10-325mg, and continue Naproxen and Omeprazole, urine toxicology" in addition to the others listed. The appeal requested authorization for a TENS unit, urine drug screen, and Norco 10-325mg #90. The medical records submitted included a drug screen dated 6-11-15, indicating in was positive for Methadone, EDDP, Hydrocodone, and Norhydrocodone, noted as "not consistent". In addition, there were no medical records submitted documenting that these medications were prescribed and their efficacy was not addressed. The Utilization Review dated 9-3-15, denied the TENS unit, drug screen, and modified the request for Norco to allow Norco 10-325mg #70.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase/rental of Transcutaneous electrical nerve stimulation (TENS) unit: Upheld

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

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

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) 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 these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. In this case, the medical records do not establish that the injured worker has undergone a trial of this durable medical equipment unit resulting in increased function and decreased medication use. The request for Purchase/rental of Transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary and appropriate.

Urine drug screen: 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): Drug testing, Opioids, criteria for use.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records establish evidence of inconsistent urine drug screen. Given this factor, the request for a urine drug screen is supported. The request for Urine drug screen is medically necessary and appropriate.

Norco 10/325mg qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. The MTUS guidelines do not support opioids for non-malignant pain. As noted in the MTUS guidelines, a recent

epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function or change in work status to support the ongoing use of opioids. In addition, the medical records establish evidence of inconsistent urine drug screen. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Norco 10/325mg qty: 90 is not medically necessary and appropriate.