

<b>Case Number:</b>	CM15-0199095		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 38 year old male with a date of injury on 09-24-2007. The injured worker is undergoing treatment for osteoarthritis, joint pain, hip pain, and pelvis joint pain. A physician progress note dated 09-16-2-15 documents the injured worker was given a trial of an H-Wave unit on 09-03-2015 to be used on his hip and bilateral knees. It has reduced his pain levels and increased function. He was able to carry out his daily living activities more comfortably. He has permanent work restrictions. Progress notes dated 09-02-2015; 09-16-2015 notes he has complaints of left hip and bilateral knee pain. There is tenderness on examination of the left knee; flexion is 120 degrees and extension at 5-10 degrees. There is tenderness and numbness at the scar. Right knee has tenderness and flexion at 130 degrees and extension at 5-10 degrees. Treatment to date has included diagnostic studies, medications, activity modification, and status post left knee lateral compartmental arthroplasty on 02-28-2011, physical therapy last in 2011, acupuncture, and a home exercise program. Medications include Norco (11-12-2013) and Ambien. On 09-30-2015, Utilization Review modified the request for Norco 10/325mg #90 for weaning. The request for Purchase H-wave unit was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase H-wave unit:** Upheld

**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): Transcutaneous electrotherapy.

**Decision rationale:** This claimant was injured now 8 years ago. An H wave trial reportedly reduced pain and improved function, but there are no objective specifics provided. The MTUS notes that TENS such as H-wave are 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 the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions. Moreover, regarding H-wave stimulation, the California MTUS Chronic Pain section further note: H-wave stimulation (HWT) not recommended as an isolated intervention. The device may be tried if there is a chronic soft tissue inflammation if used: as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). All criteria for H-wave trial were not met. The request is not medically necessary.

**Norco 10/325mg #90:** Upheld

**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 for chronic pain.

**Decision rationale:** This claimant was injured now 8 years ago. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued; (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.