

<b>Case Number:</b>	CM15-0202613		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/28/1999
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 66 year old male, who sustained an industrial injury on 7-28-99. Medical records indicate that the injured worker is undergoing treatment for cervical radiculopathy, status-post lumbar fusion, chronic low back pain, failed back syndrome, lumbar radiculopathy, left shoulder recurrent internal derangement, left shoulder rotator cuff tear, left shoulder rotator cuff repair and left knee internal derangement. The injured worker is temporarily totally disabled. On (8-19-15 and 7-8-15) the injured worker complained of low back pain and increased neck and arm pain. The pain was rated 8 out of 10 without medications and 4 out of 10 with medications on the visual analogue scale. Examination of the lumbar spine revealed right leg sciatica and left sacral one radiculopathy. A straight leg raise test was positive bilaterally. Left shoulder examination revealed a decreased and painful range of motion. Left knee examination revealed a mild effusion and patellofemoral crepitation. A McMurray's sign was positive. Examination of the cervical spine revealed a decreased range of motion and left trapezius muscle spasms that radiated to the left cervical six-cervical seven, greater on the left. Treatment and evaluation to date has included medications, MRI of the lumbar spine and a transcutaneous electrical nerve stimulation unit. A progress report dated 7-16-15 notes that the injured worker was to continue using a transcutaneous electrical nerve stimulation unit and spine corset which help. Current medications include Genicin (since at least July of 2015), Norco (since at least July of 2015) and Flexeril. The injured workers current medications were noted to help him perform daily activities, such as walking, sitting and standing and increase his level of function. The current treatment request includes requests for Genicin 500 mg # 90, Norco 10-

325 mg # 120 and the purchase of a transcutaneous electrical nerve stimulation unit. The Utilization Review documentation dated 10-7-15 non-certified the requests for Genicin 500 mg # 90, Norco 10-325 mg # 120 and the purchase of a 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:

**Genicin 500mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

**Decision rationale:** Regarding the request for Genicin 500mg #90, CA MTUS states that it is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the documentation available for review, there is no indication of subjective/objective/imaging findings consistent with osteoarthritis for which the use of glucosamine would be supported by the CA MTUS. In the absence of such documentation, the currently requested Genicin 500mg #90 is not medically necessary.

**Norco 10/325mg #120:** 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco 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 (in terms of specific examples of objective functional improvement), 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.

**TENS unit for purchase:** 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:** Regarding the request for 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, and no documentation of any specific objective functional deficits which a tens unit trial 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 TENS unit is not medically necessary.