

<b>Case Number:</b>	CM15-0204196		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	09/24/2003
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2015

### 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: Arizona, 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 53 year old female, who sustained an industrial injury on 9-24-03. The injured worker was diagnosed as having lumbar degenerative disc disease, right rotator cuff tear, right shoulder impingement syndrome, right ulnar nerve entrapment and bilateral carpal tunnel syndrome. Subjective findings (1-5-15, 5-4-15) indicated pain in her neck, mid back, low back and bilateral shoulders. Objective findings (1-5-15, 5-4-15) revealed decreased lumbar range of motion and tenderness, guarding in the lumbar spine and a positive Lasegue's test bilaterally. As of the PR2 dated 9-14-15, the injured worker reports pain in her neck, mid back, low back and bilateral shoulders. Objective findings include decreased lumbar range of motion and tenderness, guarding in the lumbar spine and a positive Lasegue's test bilaterally. Current medications include Prilosec, Motrin, Gabacyclotram cream and Norco (since at least 8-18-14). There is no documentation of current pain level or pain levels with and without medications. Treatment to date has included acupuncture and physiotherapy (ordered), Tylenol #3 and Ultram. The Utilization Review dated 10-12-15, non-certified the request for localized intensive neurostimulation therapy x 6 sessions and Norco 10-325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of localized intensive neurostimulation therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Hyperstimulation analgesia.

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

**Decision rationale:** According to the guidelines, neurostimulation is indicated for stroke and is not proven for chronic pain. In this case, the claimant has already undergone acupuncture, therapy and medications. There was a 5 month request for an IF unit as well. Completion of the IF unit and its response is unknown. The 6 sessions of neurostimulation are not justified nor supported. The claimant has undergone numerous modalities already and there is no evidence that the neurostimulation will provide any lasting benefit. Therefore, the request is not medically necessary.

**1 prescription of Norco 10/325mg #60: Upheld**

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

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

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year without consistent documentation of pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.