

Case Number:	CM15-0027842		
Date Assigned:	02/20/2015	Date of Injury:	01/25/2010
Decision Date:	04/06/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old, female patient, who sustained an industrial injury on 01/25/2010. A primary treating office visit dated 12/03/2014 reported the patient having had recently moved to [REDACTED]. She is not working and takes over the counter medications for pain. She stated still having problems with eating, dressing, grooming, bathing, eliminating, hearing, speaking, reading, writing, using a keyboard, cleaning, standing, walking, sitting, lifting, having sex, doing sports, doing housework, exercising, driving, participating in group activities and emotional stability. Objective findings showed no interval changes noted. She was using a cane to walk. Her left wrist, distal forearm and thenar region were noted tender. She has an insulin pump placed. She had craniocervical, bifrontal and bilateral temporomandibular (TMJ) tenderness with palpation. She had decreased concentration. Olfaction was decreased along with sensation decreased at the left side of face in all 3 branches of the trigeminal nerve. She had left mouth asymmetry; Weber test laterized to the left. She had both a mild weak hand grip and mildly weak dorsiflexion. The following diagnoses are applied; cephalgia and dizziness, decreased olfaction and left hemihypoesthesia; Diabetes with pump; cervical radiculopathy, status post anterior fusion cervical; thoracic radiculopathy with a history of L'Hernitte's symptoms; lumbar radiculopathy; pain at the TMJ, left foot, bilateral knees and abdomen; chest pressure; cognitive problems; emotional distress; sleep disturbance and decreased libido. A request was made for an interferential unit purchase. On 02/02/2015, Utilization review, non-certified the request, noting the CA MTUS, chronic Pain, page 120 was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential stimulation Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient is status post lumbar discectomy done on 12/6/10 and presents with continued low back and shoulder pain. The current request is for NORCO 10/325 #240. For chronic opiate use, the MTUS guidelines pages 88 and 89 states: Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. This patient has been utilizing Norco since at least 7/24/14. Progress report dated 1/12/15 states that the patient is taking Norco for breakthrough pain, which gives him .50% pain relief and last 1-2 hours- good enough until he takes next Oxycontin. With medications the patient is able to walk 30-40 minutes, sit for 1 hour, and stand for 15-20 minutes. The patient reports medications allow him to perform simple house chores and drive. Side effects include constipation which is well controlled with Senokot. It was noted that CURES and UDS always appropriate. The treating physician has provided adequate documentation, addressing the 4A's, as required by MTUS for opiate management. The requested Norco IS medically necessary.