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| Case Number: | CM15-0216163 | | |
| Date Assigned: | 11/05/2015 | Date of Injury: | 02/28/2005 |
| Decision Date: | 12/23/2015 | UR Denial Date: | 10/30/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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 male with a date of injury on 02-28-2005. The injured worker is undergoing treatment for lumbar radiculopathy, herniated nucleus pulposus of the lumbar spine, lumbar stenosis, lumbar spondylosis without myelopathy, and chronic pain syndrome. A physician note dated 07-27-2015 documents he has continued low back pain and lower extremity pain. He is doing the same. He rates his pain as a 6-7 out of 10 with his pain worse on the right. He has pain, tingling and numbness in his bilateral lower extremities. He stated he is considering back surgery. With his meds he can walk for 10 minutes and continue a home exercise program and complete his ADLs. Without his meds his pain is 10 out of 10 and with his medications his pain is 5 out of 10. A physician note dated 08-27-2015 documents he has continued low back pain with radiation to both lower extremities. His pain remains the same and he rates it as a 6 out of 10. A physician progress note dated 09-21-2015 documents the injured worker complains of lower back pain and lower extremity pain. Since the last office visit his pain is unchanged. He rates his low back pain as a 6 out of 10 and has radiation of pain, numbness tingling and weakness in his bilateral lower extremities, worse on the right. He uses a cane with ambulation. His medications help about 30-40% relief for about 4-5 hours. He can walk about 10-15 minutes longer. He has no side effects. Treatment to date has included diagnostic studies, medications, multiple epidural steroid injections, cognitive behavioral therapy, five lumbar surgeries, a spinal cord stimulator trial with no benefit, and physical therapy and chiropractic sessions with not benefit. A urine drug screen done on 08-24-2015 was consistent. Current medications include Gabapentin, Omeprazole, Nucynta ER (since at least

05-04-2015), Norco (since at least 05-04-2015), Senokot S, and Naproxen. The Request for Authorization includes Norco 7.5/325mg #60, Nucynta ER 100mg #60, TENS unit electrodes (3 month supply), Gabapentin 600mg #60, Omeprazole 20mg #60, Senokot S tablets #60, and a return visit in one month. On 10-30-2015 Utilization Review modified the request for Norco 7.5/325mg #60 to # 40, and Nucynta ER 100mg #60 was modified to #18, and TENS unit electrodes (3 month supply) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg #60: Overturned

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): Opioids, criteria for use.

Decision rationale: The patient presents with continued low back pain and lower extremity pain. The current request is for Nucynta ER 100mg #60. The treating physician states, in a report dated 08/24/15, "Refilled Nucynta; prescribed Nucynta ER 100 mf tablet 1 tablet PO q12 hours with 60 tablets." (239B) The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. A review of the reports provided show the injured worker has relief of pain from 9/10 to 6/10. He is able to walk 10 minutes longer, do his home exercises and do activities around the house. The main adverse effect is constipation. There is mention of a drug contract and urine drug tests results in the records. There is adequate documentation as required by MTUS. The current request is medically necessary.

Norco 7.5/325mg #60: Overturned

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): Opioids, criteria for use.

Decision rationale: The patient presents with continued low back pain and lower extremity pain. The current request is for Norco 7.5/325mg #60. The treating physician states, in a report dated 08/24/15, "Refilled Norco; prescribed Norco 7.5/325 mg tablet 1 tablet PO BID prn for breakthrough pain with 60 tablets dispensed and no refills." The MTUS guidelines state, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also

require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. None of the reports provided document before and after pain scales to show analgesia. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments were used. A review of the reports provided show the injured worker has relief of pain from 9/10 to 6/10. He is able to walk 10 minutes longer, do his home exercises and do activities around the house. The main adverse effect is constipation. There is mention of a drug contract and urine drug tests results in the records. There is adequate documentation as required by MTUS. The current request is medically necessary.

TENS unit electrodes (3 month supply): 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): Transcutaneous electrotherapy.

Decision rationale: The patient presents with continued low back pain and lower extremity pain. The current request is for TENS unit electrodes (3 month supply). The treating physician states, in a report dated 08/24/15, "Request authorization for additional TENS unit electrodes (3 month supply)." (239B) According to MTUS Guidelines the criteria for the use of TENS in chronic intractable pain is: "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." And "a treatment plan including the short- and long term goals of treatment with the TENS unit should be submitted." In this case, the treating physician reports reviewed did not provide any documentation of functional improvement with TENS usage. There is no medical documentation provided to support ongoing TENS usage, therefore continued usage and need for TENS electrodes is not supported. Additionally there is no documentation of the short and long-term goals of treatment with the TENS unit. Therefore, the current request is not medically necessary.