

Case Number:	CM15-0031475		
Date Assigned:	02/24/2015	Date of Injury:	08/31/2010
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/19/2015

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
 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 67 year old male who sustained a work related injury August 31, 2010. Past history includes C3-4, C4-5, C5-6 and C6-7 decompressive laminectomy September, 2010. According to a primary treating physician's report dated December 22, 2014, the injured worker presented for follow-up and to discuss electronic treatment for his neck pain. He continues to have neck, back bilateral arm and bilateral leg pain which remains the same since the last visit. He has been using the H-Wave unit and it has been helpful. On examination, lateral bending left and right and flexion and extension of the lumbar spine are about 25% decreased. Current medications included Norco, Hydrocodone, Baclofen, Oxybutynin and Doxazosin. Treatment included prescription for Norco and recommendation to contact H-Wave representative to address concerns regarding the machine. On January 19, 2015, the injured worker presented to the treating primary physician with pain that has remained the same since the last visit. He continues to use H-Wave both in the neck and low back and it is working better. On examination of the cervical spine, flexion and extension, lateral bending left and right and rotation left and right are about 50% of normal. Assessment is documented as s/p surgical decompression for cervical myelopathy with ongoing low back pain and radiculopathy with multilevel lumbar stenosis. Treatment included continuing with H-Wave and renewal of Norco. According to utilization dated February 12, 2015, the request for Home H-Wave Device QTY: (1) is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Hydrocodone/APAP 10/325mg QTY: (1) is non-certified, citing Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

Decision rationale: Based on the 01/19/15 progress report, the patient complains of neck, back, shoulder, arm and leg pain. The request is for HOME H-WAVE DEVICE PURCHASE. Patient's diagnosis per RFA dated 01/20/15 includes degeneration of cervical intervertebral disc and lumbar intervertebral disc. Per treater report 01/19/15 treater states, "He has been using H-wave machine both in the neck and the low back...it seems to be working better than it was in the past." On examination, lateral bending left and right and flexion and extension of the lumbar spine are about 25% decreased. Current medications included Norco, Baclofen, Oxybutynin and Doxazosin. Patient is unable to work. Per MTUS Guidelines page 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or 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." "And only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Treater has not discussed the reason for the request. It appears that patient has had a trial of the unit previously; however, there is lack of documentation in regards to the details of such therapy such as functional improvements, pain reduction or reduction in medication use. There is no discussion regarding the failure of initially recommended conservative care, including recommended physical therapy and TENS unit. Based on the limited provided information, the request cannot be considered to be in accordance with the MTUS guidelines. Therefore, the request IS NOT medically necessary.

Hydrocodone/ APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: Based on the 01/19/15 progress report, the patient complains of neck, back, shoulder, arm and leg pain. The request is for HYDROCODONE/APAP 10/325MG. Patient's diagnoses per same report, includes cervical degeneration disc disorder and lumbar degeneration

disc disorder. Per treater report dated 01/19/15 treater states, "He has been using H-wave machine both in the neck and the low back...it seems to be working better than it was in the past." On examination, lateral bending left and right and flexion and extension of the lumbar spine are about 25% decreased. Current medications included Norco, Baclofen, Oxybutynin and Doxazosin. Patient is unable to work. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.