MAXIMUS Federal Services

Case Number:	CM15-0031555		
Date Assigned:	02/26/2015	Date of Injury:	02/18/2000
Decision Date:	04/08/2015	UR Denial Date:	01/15/2015
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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 18, 2000. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve a request for a TENS unit and partially approved a request for Norco, apparently for weaning purposes. The claims administrator referenced a January 2, 2015 progress note in its determination. The claims administrator stated that the applicant had used a TENS unit for over 13 years. The claims administrator stated that the applicant was status post failed lumbar fusion surgery. The claims administrator contended that the applicant had failed to profit from previous usage of the device, noting that the applicant had remained off of work. The applicant's attorney subsequently appealed. On January 2, 2015, Norco and a replacement TENS unit were endorsed. The applicant was not working, the treating provider acknowledged. 8-10/10 pain complaints were noted. The applicant did have comorbid diabetes, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Norco. The attending provider's January 2, 2015 progress note failed to outline any material and/or significant improvements in function effected as a result of prior Norco usage (if any). Therefore, the request was not medically necessary.

Tens Unit Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 116 of 127.

Decision rationale: No, the request for a TENS unit replacement was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, the usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the attending provider's January 2, 2013 progress note was sparse and did not outline any material improvement in function or significant decrements in pain effected as a result of ongoing TENS unit usage (if any). The fact that the applicant remained off of work, on total temporary disability, coupled with the fact that ongoing usage of a TENS unit had failed to curtail the applicant's dependence on opioid agents such as Norco, however, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.