MAXIMUS Federal Services

Case Number:	CM15-0042130		
Date Assigned:	03/12/2015	Date of Injury:	06/29/2004
Decision Date:	04/15/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/05/2015

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 48 year old male who sustained an industrial injury on 06/29/2004. He injured his back while lifting. Diagnoses include depression, chronic pain syndrome, muscle pain, lumbar post-laminectomy syndrome, lumbar degenerative disc disease, lumbar radiculopathy and low back pain. Treatment to date has included medications, physical therapy, TENS Unit, a home exercise program, and psychiatric visits. A physician progress note dated 02/09/2015 documents the injured worker has continued low back pain and leg pain. Pain is rated 8-10 out of 10 without medications and 2-5 out of 10 with medications. With his medications his function is improved which allow him to do things around the house and spend time with his family. Without his medications, he is just able to lie in bed, and this is known because he has been forced to wean off his medication in the past and the pain severely limited his activity. The treatment requested is for Norco 10/350mg Quantity 120 and for H-wave unit, 30-day trial to be used with his home exercise program to reduce pain and inflammation, as well as to reduce spasm, which would allow him to have less flare-ups, sleep better and may allow him to reduce medications usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

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 n combination with Oxycontin. There was no documentation indicating Tylenol failure for breakthrough pain or an attempt to weaning. The combined dose of Norco and Oxycontin also exceeded the 120 mg maximum morphine equivalent per day recommended by the guidelines. The request for continuing Norco is not medically necessary.

H-wave unit, 30 day trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy: H-wave stimulation (HWT) Page(s): 117-118.

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

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial maybe considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant had chronic pain and had undergone therapy, a TENs and pain medication. The use of an H-wave for a 30-day trial is appropriate and medically necessary.