MAXIMUS Federal Services

Case Number:	CM15-0045310		
Date Assigned:	03/17/2015	Date of Injury:	11/12/2014
Decision Date:	04/20/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: North Carolina, Georgia
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 36 year old male, who sustained an industrial injury on 11/12/2014. He reported neck and back injuries. The injured worker is currently diagnosed as having cervical sprain, cervical radiculopathy, thoracic sprain, lumbar region sprain, and lumbar radiculopathy. Treatment to date has included Transcutaneous Electrical Nerve Stimulation Unit, physical therapy, and medications. In a progress note dated 02/09/2015, the injured worker presented with complaints of having to use a lit bit more Norco than he was previously because of increasing pain. The treating physician reported requesting a home Transcutaneous Electrical Nerve Stimulation Unit for 3 months and prescribed Norco as needed for pain and a complete blood count and compressive metabolic profile in order to monitor the injured worker's liver and kidney function as well as evidence of internal bleeding from prolonged use of ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab work to include CBC and comprehensive metabolic profile: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McGraw Hill Manual of Laboratory and Diagnostic Testspp 177, 581.

Decision rationale: CA MTUS, ACOEM and ODG are silent of laboratory tests such as CBC and CMP. A CBC may be ordered to assess for signs of infection, inflammation, anemia or other blood or bone marrow condition. A CMP may be ordered to assess electrolytes levels, kidney function or liver function. In this case, there is no specific explanation of the reason for ordering the tests. Without a documented medical explanation of the need for the tests, the CBC and CMP are not medically necessary.

TENS unit for three months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

Decision rationale: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the request is for 3 month TENS unit use without any previous trial to assess efficacy. Guidelines clearly dictate a one month trial prior to ongoing use. A 3 month use of TENS unit is not medically indicated.

Norco 5/325 mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any

adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.