

Case Number:	CM15-0053031		
Date Assigned:	03/26/2015	Date of Injury:	03/04/2004
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/20/2015

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, 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:

This 57-year-old male sustained an industrial injury to the back, neck, bilateral shoulders and bilateral knees on 3/4/04. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections, electrical stimulation and medications. In a PR-2 dated 2/20/2015, the injured worker complained of constant pain to bilateral knees and low back. The injured worker reported that his pain gets up to 7/10 on the visual analog scale. The injured worker was requesting a refill of Norco and electrodes for his electrical stimulation machine. Physical exam was remarkable for lumbar spine and bilateral knees with limited range of motion secondary to pain. Current diagnoses included superior glenoid labrum lesion, lumbago, bilateral internal derangement of knees and bilateral quadriceps atrophy. The treatment plan included a refill of Norco. The injured worker was dispensed electrodes for his electrical stimulation machine. The medication list include Valium, norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMS stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), web version, 2010, Chronic pain medical treatment guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) page 114MTUS (Effective July 18, 2009) Page 117-118H-wave stimulation (HWT).

Decision rationale: Request: EMS stimulator. Per the CA MTUS Chronic Pain Medical Treatment Guidelines cited below, "there is no there is no high grade scientific evidence to support the use of effectiveness of electrical stimulation for chronic pain." According the cited guidelines, electrical stimulation (TENS), is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness".
Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with no literature to support use).
Response to previous EMS therapy was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use EMS as an adjunct to a program of evidence-based functional restoration. Previous conservative therapy notes were not specified in the records provided. The response of the symptoms to a period of rest, oral pharmacotherapy and splint is not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for EMS stimulator is not fully established for this patient.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Norco 10/325mg #90. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate

medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #90 is not established for this patient.