

Case Number:	CM15-0055252		
Date Assigned:	05/07/2015	Date of Injury:	11/27/2014
Decision Date:	06/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on 11/27/2014. He reported multiple injuries to neck, upper back, right shoulder and bilateral elbows related to a motor vehicle accident. Diagnoses have included right shoulder/upper arm strain, cervical strain, cervical radiculopathy, thoracic spine sprain/strain, and left elbow/forearm contusion. Treatment to date has included physical therapy and medication. According to the progress report dated 1/14/2015, the injured worker complained of neck, mid back and right shoulder pain. Objective findings documented range of motion measurements. The injured worker underwent Sudoscan on 1/28/2015 that showed low conductance for feet only, indicative of small fiber neuropathy. Authorization was requested for Norco and a transcutaneous electrical nerve stimulation (TENS) unit rental for 30-day trial with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in November 2014 and continues to be treated for neck and right shoulder pain. Treatments have included medications and physical therapy. When seen, there was decreased cervical spine and shoulder range of motion. Urine drug screening was performed. Norco was started an authorization for a trial of TENS was requested. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was prescribed as part of the claimant's ongoing management. The total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Norco was medically necessary.

TENS unit rental for 30 day trial with supplies: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The claimant sustained a work-related injury in November 2014 and continues to be treated for neck and right shoulder pain. Treatments have included medications and physical therapy. When seen, there was decreased cervical spine and shoulder range of motion. Urine drug screening was performed. Norco was started an authorization for a trial of TENS was requested. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. Therefore, a trial of TENS was medically necessary.