

Case Number:	CM15-0060238		
Date Assigned:	04/06/2015	Date of Injury:	01/06/2009
Decision Date:	05/12/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: California

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 36 year old male, who sustained an industrial injury on 1/06/2009. Diagnoses have included exacerbation of cervical spine pain, exacerbation of lumbar spine pain, failed back syndrome, exacerbation of left knee pain, synovitis, right knee and ankle synovitis secondary to altered gait, patellar tendinosis, pilonidal cyst, aggravated gastropathy secondary to medication, depression, cervicalgia, lumbago, aftercare following surgery of the musculoskeletal system nec, post laminectomy syndrome of lumbar region, pain in joint involving lower leg, other tenosynovitis of hand and wrist, patellar tendinitis, and unspecified disorder of stomach and duodenum. Treatment to date has included medications, physical therapy, rest, modified activity, surgical intervention including a 2 level discectomy on 9/19/2012 and lumbar laminectomy and discectomy on 3/06/201, and diagnostics. Per the Primary Treating Physician's Progress Report dated 1/22/2015, the injured worker reported pain in the neck, lower back, bilateral knees and right ankle. His neck pain is rated as 8/10 which has decreased from 8-9/10 last visit, 9/10 in the lower back which has remained the same, 7/10 in the right knee and ankle which has remained the same and 5/10 in the left knee which has decreased from 7/10 at the last visit. Depression is rated as 9/10. Physical examination revealed grade 2 tenderness to palpation of the cervical spine, which has decreased since the last visit and grade 3 tenderness to the lumbar spine, which is unchanged for the prior visit. There was grade 2 tenderness to palpation of the bilateral knees and right ankle at the last visit. The plan of care included and authorization was requested on 1/22/2015 for medications, consultations and an inferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment) - Interferential Unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF Unit Page(s): 115-118.

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment). Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement. The IMR process does have any provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.

Norco 10/325 mg Qty 60: 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): 76-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision

to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.