

Case Number:	CM15-0080778		
Date Assigned:	05/01/2015	Date of Injury:	06/28/2012
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 45-year-old male, with a reported date of injury of 06/28/2012. The diagnoses include right hand pain, status post open reduction and internal fixation of the second metacarpophalangeal joint, and status post partial hardware removal. Treatments to date have included physical therapy, Norco, H-wave unit, a transcutaneous electrical nerve stimulation (TENS) unit, Voltaren gel, and Gabapentin. The progress report dated 04/02/2015 indicates that the injured worker had persistent pain. He continued to have cramping and pain in his right hand. The injured worker stated that the medications (norco and gabapentin) were definitely helpful. The H-wave unit was taken away, and he required three Norco tablets a day. Prior to that happening, he required two and occasionally three tables, and sometimes none. It was noted that the H-wave unit worked really well. The injured worker was still working full-time. His pain went from 7 out of 10 to 4 out of 10 with the use of medications. The Norco worked the best, but the Voltaren gel helped with his hand pain as well. With medications, he was able to work; however, without the use of medications, he stated that he would not be able to work. No side effects had been noted. The most recent urine drug screen (03/20/2015) was consistent. The objective findings include right hand grip strength was weaker than the left side. The treating plan included the continuation of Norco #90 per month and the treating physician provided #180 for a two-month supply; and an H-wave unit, which helped him tremendously, allowing him to continue to work and to take less medications. On 01/09/2015, the functional assessment questionnaire showed that the pain levels without the medications could get as high as 8 out of 10, but the medications would drop it down to 4-5 out of 10. It was noted in that

medical record that the injured worker's function was also improved at about the same level, and the treating physician was able to lift some of his work restrictions. The treating physician requested one home H-wave unit and Norco 10/325mg #180 (dispensed 04/02/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 118-119.

Decision rationale: H-wave stimulation is an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. The records do not substantiate that this injured worker has failed other conventional therapy to medically justify H-wave system use. The request is not medically necessary.

Retrospective: Norco 10/325mg, #180 (Dispensed 04/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids vs. gabapentin to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records. The request is not medically necessary.

