

Case Number:	CM15-0087110		
Date Assigned:	05/11/2015	Date of Injury:	12/21/2010
Decision Date:	06/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/06/2015

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 36 year old male with an industrial injury dated 12/21/2010. The injured worker's diagnoses include complex regional pain syndrome of the right upper extremity and status post spinal cord stimulator (SMS) implant removed due to infection with multiple revisions. Treatment consisted of Magnetic Resonance Imaging (MRI) of right forearm and right wrist dated 6/2/2011, prescribed medications, transcutaneous electrical nerve stimulation (TENS) glove and periodic follow up visits. In a progress note dated 4/20/2015, the injured worker reported bilateral upper extremity pain. The injured worker rated pain as an 8-9/10 on average with medications and a 10/10 without the medication, since last visit. The injured worker also reported ongoing limitations with activities of daily living (ADLs) due to pain. Objective findings revealed moderate distress, hypersensitivity, allodynia, temperature changes and discoloration in the right upper extremity. The treating physician prescribed services for replacement of right hand conductive glove (tens glove) and Norco 10/325mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement right hand conductive glove (tens glove): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), p114.

Decision rationale: The claimant sustained a work injury in December 2000 and continues to be treated for right upper extremity CRPS. The claimant uses 10. Other treatments have included a spinal cord stimulator which was removed due to infection. Medications included Norco being prescribed at total MED (morphine equivalent dose) of 40 mg per day. When seen, pain was rated at 10/10 without medications and 8-9/10 with medications. The assessment references Norco allowing the claimant to increase/maintain his activities of daily living. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In terms of supplies, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1 - 3 months at a minimum. In this case, the claimant already uses TENS and the fact the electrode glove needs to be replaced is consistent with its continued use and efficacy. The request is medically necessary.

Norco 10/325mg quantity 120.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov;94 (2):149-58.

Decision rationale: The claimant sustained a work injury in December 2000 and continues to be treated for right upper extremity CRPS. The claimant uses 10. Other treatments have included a spinal cord stimulator which was removed due to infection. Medications included Norco being prescribed at total MED (morphine equivalent dose) of 40 mg per day. When seen, pain was rated at 10/10 without medications and 8-9/10 with medications. The assessment references Norco allowing the claimant to increase/maintain his activities of daily living. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing some pain relief. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

