

<b>Case Number:</b>	CM14-0111360		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 68-year-old female who reported an injury on 01/19/2001 who sustained injuries to her left shoulder, neck, knees and back. The injured worker's treatment history included MRI studies, epidural steroid injections, physical therapy, TENS unit, pain medications, and NSAID medications. The injured worker had a urine drug screen on 01/21/2014 positive for opioid usage. The injured worker was evaluated on 06/23/2014 and it is documented that the injured worker complained of back, left shoulder, neck and left knee pain. The injured worker was there for a followup on medication refills as well. Physical examination of the cervical and lumbar spine there was tenderness with a positive facet loading maneuvers, Spurling's test bilaterally. Diagnosis included chronic pain syndrome, cervical radiculopathy, and neck pain the injured worker's pain was 5/10 on the pain scale. It was documented that the injured worker was positive for opiate usage. Medications included gabapentin, tramadol, and Vicodin. Request for Authorization dated 06/26/2014 was for neurostimulator with HR/ANS monitoring, tramadol, and Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulator with HR/ANS Monitoring:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electric Nerve Stimulation (PENS) Page(s): 97-98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state NMES is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. The documents submitted indicated the injured worker has had prior physical therapy however, the outcome measurements were not submitted for review. As such, the request for neurostimulator with HR/ANS monitoring is not medically necessary.

**Tramadol HCL 50mg (quantity not specified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Tramadol HCL 50 mg is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the, quantity or frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Tramadol ER is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request for Tramadol ER 50 mg (quantity not specified is not medically necessary).

**Vicodin 7.5/200mg (quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Vicodin 7.5/200mg is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or quantity. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Vicodin is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request for Vicodin 7.5/ 200 mg (quantity unspecified) is not medically necessary.