

Case Number:	CM14-0132209		
Date Assigned:	08/22/2014	Date of Injury:	09/20/2012
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 59 year old male who sustained an industrial injury on 09/20/12. The mechanism of injury was fall while pushing a cart on asphalt while the wheel went into the sink hole. His history was significant for L3-S1 lumbar fusion in 2013. His medications included Norco, Ibuprofen, Nortriptyline, Omeprazole, HCTZ, Simvastatin and Lyrica. The progress notes from 06/16/14 were reviewed. Subjective complaints included low back pain with numbness and tingling in feet. His pain was worse with standing, sitting, walking, bending and stooping activities. His pain was better with medications and rest. He had poor result to lumbar fusion and physical therapy. Pertinent examination findings included tenderness bilateral lumbar paraspinal muscles and sciatic notches with decreased range of motion and decreased sensation along bilateral L4-S1 dermatomes. Diagnoses included thoracic sprain/strain, lumbar sprain/strain, multilevel moderate canal stenosis, bilateral lower extremity radiculopathy, The plan of care included continued use of interferential (IF) stimulator, continuing home exercises, Pain management consultation and Norco 10/325mg #120. He was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, per 06/16/14 form QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; Criteria For Use Of Opioids; Therapeutic Tria.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The employee was being treated for low back pain with radiculopathy after an industrial injury. His prior MRI in December 2013 of lumbar spine showed post-operative changes, multilevel degenerative disc disease, posterior disc fusion and neural foraminal stenosis bilaterally. His electromyography EMG in May 2014 showed spontaneous activity in paraspinal muscles possibly due to surgery versus radiculopathy. His prior treatment included medications, physical therapy and lumbar fusion. His current treatment included medications, home exercise program. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back pain and had been on Norco. There is no documentation of improvement of pain on a numerical scale or improvement of functional status. He was reported not to be working. There is no recent urine drug screen or CURES report to address aberrant behavior. Given the lack of clear documentation on functional improvement and lack of efforts to rule out unsafe usage, the criteria for continued use of Norco 10/325mg #120 have not been met.

OS4 Interferential stimulator, per 06/16/14 form QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118 - 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

Decision rationale: The employee was being treated for low back pain with radiculopathy after an industrial injury. His prior MRI in December 2013 of lumbar spine showed post-operative changes, multilevel degenerative disc disease, posterior disc fusion and neural foraminal stenosis bilaterally. His EMG in May 2014 showed spontaneous activity in paraspinal muscles possibly due to surgery versus radiculopathy. His prior treatment included medications, physical therapy and lumbar fusion. His current treatment included medications, home exercise program. According to Chronic Pain Medical Treatment guidelines, interferential current stimulator is recommended if all the following criteria are met: pain is ineffectively controlled due to diminished effectiveness of medications; pain is ineffectively controlled with medications due to side effects; history of substance abuse; significant pain from postoperative conditions limiting the ability to perform exercise and unresponsiveness to conservative measures. If these criteria are met, then a one month trial may be appropriate to permit the provider to study the effects and benefits. The request was for 6 months of Interferential unit. Since the MTUS criteria for a trial of interferential unit is not met, the request for interferential stimulator is not appropriate or necessary.