

Case Number:	CM14-0139308		
Date Assigned:	09/05/2014	Date of Injury:	02/18/2004
Decision Date:	10/07/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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 California. 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:

According to the records made available for review, this is a 58-year-old female with a 2/18/04 date of injury, and status post arthroscopic decompression, acromioplasty, and Mumford procedure 12/12. At the time (8/14/14) of request for authorization for supplies for TENS home unit and Norco 10/325 mg one BID prn, there is documentation of subjective (pain in legs at night) and objective (gait favoring right lower extremity, lumbar spine spasms, and tenderness to palpation, decreased range of motion, and positive straight leg raise) findings, current diagnoses (lumbar spine sprain/strain, bilateral lower extremity radiculopathy, status post right shoulder scope, Mumford, and rotator cuff repair, right knee sprain), and treatment to date (activity modification, exercises, epidural steroid injection, home TENS unit, and medications (including ongoing use of Norco (since at least 3/14)). 8/4/14 medical report identifies the patient requires replacement batteries for TENS unit. In addition, 8/4/14 medical report identifies patient uses TENS unit daily for pain relief. Regarding the requested supplies for TENS home unit, there is no documentation of outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). Regarding the requested Norco 10/325 mg one BID prn, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies for TENS home unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain, bilateral lower extremity radiculopathy, status post right shoulder scope, Mumford, and rotator cuff repair, right knee sprain. In addition, there is documentation that the patient uses TENS unit daily. However, there is no documentation of outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). Therefore, based on guidelines and a review of the evidence, the request for supplies for TENS home unit is not medically necessary.

Norco 10/325mg one BID prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain, bilateral lower extremity

radiculopathy, status post right shoulder scope, Mumford, and rotator cuff repair, right knee sprain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records reflecting ongoing use of Norco since at least 3/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg one BID prn is not medically necessary.