

Case Number:	CM14-0146175		
Date Assigned:	09/12/2014	Date of Injury:	09/20/2012
Decision Date:	10/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine 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:

This 59 year old patient had a date of injury on 9/20/2012. The mechanism of injury was not noted. In a progress noted dated 7/25/2014, subjective findings included low back pain, which is moderate to severe. There is deep bone pain. On a physical exam dated 7/25/2014, objective findings included the pain increases with lifting, bending, stopping, or sitting for 30 minutes. Standing more than 30 min and walking more than 45 minutes also increases pain. There is numbness and muscle spasms. The diagnostic impression shows left extremity radiculopathy. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/29/2014 denied the request for Norco 10/325 #120, stating no evidence of urine drugs tests with results, risk assessment profile, attempts at weaning/tapering and an updated signed pain contract between provider and claimant. Interferential stimulator was denied, stating that there is no mention of any prior trial of an IF unit in clinical setting resulting in measurable objective and functional improvements. Furthermore, there is no evidence supporting that this device will be used in conjunction with an exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the latest progress report dated 7/25/2014, there was no documented functional improvement noted with the opioid regimen. Furthermore, there was no evidence of pain contract or urine drug screens. Therefore, the request for Norco 10/325 #120 was not medically necessary.

Interferential stimulator: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. In the latest progress report dated 7/25/2014, there was no clear discussion of failure of conservative treatment options. Furthermore, there was no discussion regarding how this unit will benefit the patient or what objective functional goals are expected with this request. Therefore, the request for an interferential Stimulator was not medically necessary.