MAXIMUS Federal Services

Case Number:	CM14-0138937		
Date Assigned:	09/05/2014	Date of Injury:	04/23/2002
Decision Date:	06/05/2015	UR Denial Date:	08/12/2014
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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 62 year old female, who sustained an industrial injury on 04/23/2002. She has reported injury to the neck and left upper extremity. The diagnoses have included Reflex Sympathetic Dystrophy, upper limb; chronic pain syndrome; causalgia, upper limb; peripheral neuropathy, unspecified; and fasciitis, unspecified. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and home exercises. Medications have included Norco, Gabapentin, Mobic, Norflex. A progress note from the treating physician, dated 07/21/2014, documented a follow-up visit with the injured worker. The injured worker reported constant pain in the left elbow, which radiates to the little finger and backup the arm, associated with numbness and tingling; awakens in the night dry-heaving, and notes having trouble sleeping due to pain; and pain is rated at 8/10 on the visual analog scale with medication. Objective findings included cervical spinal tenderness; cervical paraspinal tenderness; cervical facet tenderness at C5-T1; positive cervical facet loading maneuvers; sensory exam shows decreased left medial arm, elbow, forearm, fourth and fifth digit (ulnar dermatome); and weakness to grip first through fifth digit opposition; and positive Tinel's sign over the left cubital tunnel. The treatment plan has included the request for unknown prescription of Norco; and percutaneous peripheral nerve stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, unknown prescription Norco is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic pain syndrome; peripheral neuropathy unspecified; causalgia upper limb (CRPSII); and fasciitis unspecified. The documentation indicates the treating provider requested a percutaneous peripheral nerve stimulator (PENS) on February 10, 2014 that was denied. The injured worker has complaints of low back pain and wrist pain. There is a VAS pain scale of 9/10. According to a March 16, 2014 progress note, the PENS was again denied. Norco 10/325 mg Q ID was started. On June 2, 2014, the documentation indicates the injured worker failed physical therapy, TENS and medications. In the August 4, 2014 progress note, the worker continues to have a 6/10 VAS pain scale with no change in the subjective symptoms. There is pain in the left elbow with numbness and tingling. The worker has difficulty sleeping due to pain. Objectively, the treating provider documents cervical spine tenderness, cervical paraspinal tenderness, cervical facet tenderness at C5- T-1; positive cervical facet loading maneuvers. Motor examination is unchanged from prior visits. As noted above, Norco was started on March 16, 2014. The documentation does not contain evidence of objective functional improvement to support the ongoing use of Norco 10/325 mg. The injured worker has static VAS pain scores. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no quantity of Norco documented in the medical record request. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing Norco 10/325 mg, no risk assessments, no detailed pain assessments and no quantity provided in the medical record, unknown prescription Norco is not medically necessary.

Percutaneous Peripheral nerve stimulation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Percutaneous peripheral nerve stimulation.

Decision rationale: Pursuant to the Official Disability Guidelines, percutaneous peripheral nerve stimulation is not medically necessary (PENS). PENS is not recommended as a primary treatment modality but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other nonsurgical treatments, including therapeutic exercise and TENS have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. In this case, the injured worker's working diagnoses are chronic pain syndrome; peripheral neuropathy unspecified; causalgia upper limb (CRPS II); and fasciitis unspecified. The documentation indicates the treating provider requested a percutaneous peripheral nerve stimulator (PENS) on February 10, 2014 that was denied. The injured worker has complaints of low back pain and wrist pain. There is a VAS pain scale of 9/10. According to a March 16, 2014 progress note, the PENS was denied. Norco 10/325 mg QID was started. On June 2, 2014, the documentation indicates the injured worker failed physical therapy, TENS and medications. In the August 4, 2014 progress note, the worker continues to have a 6/10 VAS pain scale with no change in the subjective symptoms. There is pain in the left elbow with numbness and tingling. The worker has difficulty sleeping due to pain. Objectively, the treating provider documents cervical spine tenderness, cervical paraspinal tenderness, cervical facet tenderness at C5 - T-1; positive cervical facet loading maneuvers. Motor examination is unchanged from prior visits. There is no documentation in the medical record regarding prior TENS use. There is no documentation regarding frequency and degree of pain relief. There is no documentation in the medical record of a PENS trial. Additionally, PENS is not recommended as a primary treatment modality. There is no documentation in the medical record the injured worker would be undergoing any additional physical therapy in conjunction with PENS. Consequently, absent compelling clinical documentation of a PENS trial, concurrent additional physical therapy with a program of evidence-based functional restoration, PENS is not medically necessary.