

Case Number:	CM14-0215112		
Date Assigned:	01/02/2015	Date of Injury:	10/09/2012
Decision Date:	03/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 9, 2012. In a Utilization Review Report dated November 19, 2014, the claims administrator denied requests for Norco and a TENS unit trial. The claims administrator referenced a progress note of October 9, 2014 on which the applicant reported persistent complaints of low back pain radiating to the leg. The claims administrator contended that the applicant had failed to profit with ongoing Norco usage. The applicant's attorney subsequently appealed. On October 9, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant was using Naprosyn and Norco for pain relief. The applicant had ongoing lumbar radicular pain complaints. Additional physical therapy, a lumbar support, a TENS unit, Norco, and Naprosyn were endorsed. Permanent work restrictions were renewed. 8/10 pain was noted in several sections of the note. The attending provider stated that a TENS unit trial was intended to ultimately facilitate the applicant's weaning off of opioids. The applicant's work status was not clearly stated, although it did not appear that the applicant was working with previously imposed permanent work restrictions. Urine drug testing was endorsed. In a permanent and stationary report dated September 11, 2014, the applicant was given a 13% whole person impairment rating and permanent work restrictions. The applicant was described as a qualified injured worker, strongly suggesting that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant was described as a qualified injured worker on September 15, 2014, implying that the applicant was not working. The applicant reported 8/10 pain complaints on October 9, 2014. Neither of the applicant's treating providers outlined any quantifiable decrements in pain and/or material improvements in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

30 day trial of TENS unit: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Conversely, the request for a 30-day trial of a TENS unit is medically necessary, medically appropriate, and indicated here: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of a TENS unit is indicated in applicants with chronic intractable pain of greater than three months duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. Here, the treating providers have suggested that the applicant has tried and failed a variety of conservative treatments over the course of the claim, including physical therapy, opioid therapy, etc. Moving forward with a 30-day trial of the TENS unit, thus, was indicated. Therefore, the request is medically necessary.