

Case Number:	CM15-0109636		
Date Assigned:	06/09/2015	Date of Injury:	05/13/2004
Decision Date:	07/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female, who sustained an industrial injury on May 13, 2004. She was diagnosed with cervical disc disease, bilateral shoulder tendinopathy, right shoulder rotator cuff tear, and right carpal tunnel syndrome. She underwent a cervical discectomy and fusion and right carpal tunnel release. Treatment included acupuncture, epidural steroid injections, medications, anti-inflammatory drugs, proton pump inhibitor and work modifications. Currently, the injured worker complained of constant pain, numbness and tingling to the right and left upper extremities, bilateral shoulders, and low back pain with persistent neck pain. The pain level was rated 8/10 on a pain scale from 1 to 10. She complained of frequent headaches related to the cervical injury and pain. The treatment plan that was requested for authorization included a transcutaneous electrical stimulation unit and a prescription for Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), (2) Transcutaneous electrotherapy Page(s): 114, 121.

Decision rationale: The claimant has a remote history of a work injury occurring in may 2004 and continues to be treated for bilateral shoulder, low back, and radiating neck pain. When seen, pain was rated at 6-7/10. She was alternating between taking Norco and Ultram. There was decreased cervical spine range of motion with tenderness and mild spasms. Compression testing was mildly positive. There was decreased bilateral upper extremity range of motion at the elbow, forearm, and wrist. Tinel's testing was positive. There was decreased hand sensation and wrist strength. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one- month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Therefore providing a TENS unit was not medically necessary.

Ultracet (Tramadol & Acetaminophen) 37. 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in may 2004 and continues to be treated for bilateral shoulder, low back, and radiating neck pain. When seen, pain was rated at 6-7/10. She was alternating between taking Norco and Ultram. There was decreased cervical spine range of motion with tenderness and mild spasms. Compression testing was mildly positive. There was decreased bilateral upper extremity range of motion at the elbow, forearm, and wrist. Tinel's testing was positive. There was decreased hand sensation and wrist strength. Ultracet (tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Ultracet was not medically necessary.