

<b>Case Number:</b>	CM15-0013089		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 46 year old female, who sustained an industrial injury on January 15, 2014. She has reported back injury and right lower leg injury. The diagnoses have included chronic intractable pain of the lumbar spine. Treatment to date has included medications, laboratory evaluations, transcutaneous electrical nerve stimulation, radiological imaging, and physical therapy. Currently, the IW complains of continued back pain. She rates her pain without medications as 8 out of 10 on a pain scale, and 7 out of 10 with medications. The records indicate she had no benefits from physical therapy. A urine drug screen revealed illicit drugs. The records indicate she had breached her opiate contract with her provider, and the plan in November 2014, was to wean her off of Norco. On January 14, 2015, Utilization Review non-certified Norco 10/325 mg tablets, quantity #30, based on MTUS guidelines. On January 22, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg tablets, quantity #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request is considered not medically necessary. In accordance with the 4 A's of opioid monitoring, the patient had demonstrated aberrant behavior with a positive UDS showing alcohol, amphetamines which she attributed to a diet pill, and methamphetamine. The patient was also documented to have refused a urine drug screen and walked out of the office. This is in violation of the drug contract. Because of this, the request is considered not medically necessary.

**Trial of TENS Therapy for 30 days for the Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

**Decision rationale:** The request is considered medically necessary. According to the UR, the patient had E-stim during physical therapy without improvement and therefore, would not benefit from a one month trial of TENS at home. However, according to the chart, the patient was stated to have improvement with TENS unit. Because the patient continues with pain even with other conservative measures and her opioids will not be continued, it is reasonable to do a home trial of the TENS for one month. Therefore, I am reversing the UR decision and consider it medically necessary.