

Case Number:	CM15-0111477		
Date Assigned:	06/17/2015	Date of Injury:	01/28/1993
Decision Date:	07/21/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/09/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 69 year old man sustained an industrial injury on 1/28/1993. The mechanism of injury is not detailed. Diagnoses include cellulitis in the buttocks, cervical sprain with radicular symptoms, chronic pain, bilateral knee pain, and lumbosacral sprain with radicular symptoms. Treatment has included oral medications, home TENS unit use, and surgical interventions. Physician notes dated 5/1/2015 show complaints of low back pain with radiation to the right lower extremity and pain and locking in the neck. Recommendations include pain medicine specialist consultation, report from internal medicine consultation, opiate contract, new TENS unit for home use, Norco, and Tramadol.

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 Transcutaneous electrical nerve stimulation Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: The patient is a 69 year old male who sustained an injury in January of 1993. He subsequently has been diagnosed with cervical and lumbosacral pain with radicular symptoms. He has undergone treatments including surgery, oral pain medications, TENS unit use. He continues to have significant discomfort. The request is for the ongoing use of the TENS unit for pain relief. The MTUS guidelines state that TENS therapy is indicated for 30 days after surgical measures are undertaken for post-operative pain. The ACOEM guidelines state that TENS therapy has no proven efficacy in treating acute low back pain symptoms. Due to insufficient evidence regarding long term pain improvement or functional gains seen with use, the request is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 of 127.

Decision rationale: The patient is a 69 year old male who sustained an injury in January of 1993. He subsequently has been diagnosed with cervical and lumbosacral pain with radicular symptoms. He has undergone treatments including surgery, oral pain medications, TENS unit use. He continues to have significant discomfort. The request is for the use of Norco for pain relief. The MTUS guidelines state that for ongoing use of opiate medications certain guidelines must be met, including not only pain relief, but functional gains seen and quality of life improvement. In this case, there is inadequate documentation of functional gains appreciated with opiate use. As such, the request is not medically necessary.

Tramadol 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- classification - Tramadol (Ultram) Page(s): 78, 80, 82, 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 of 127.

Decision rationale: The patient is a 69 year old male who sustained an injury in January of 1993. He subsequently has been diagnosed with cervical and lumbosacral pain with radicular symptoms. He has undergone treatments including surgery, oral pain medications, TENS unit use. He continues to have significant discomfort. The request is for the ongoing use of tramadol for pain relief. The MTUS guidelines state that opiates are indicated for chronic back pain but efficacy beyond 16 weeks is unclear. The use of tramadol for low back pain was not found to increase function. Due to poor documentation of functional gains seen with use, the request for tramadol is not medically necessary.