

Case Number:	CM15-0126936		
Date Assigned:	08/03/2015	Date of Injury:	11/07/2000
Decision Date:	09/18/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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 39 year old male who sustained an industrial injury on 11-07-2000. Current diagnoses include chronic neck pain secondary to cervical degenerative disc disease, chronic intractable low back pain secondary to multilevel lumbosacral degenerative disc disease status post laminectomy, chronic pain syndrome, failed back syndrome, depression, and severe neuropathic pain. Previous treatments included medications, surgical intervention, trigger point injections, and core exercises. Initial injuries occurred when the worker slipped and fell from a 12 foot ladder landing on his back on a cement floor. Report dated 05-05-2015 noted that the injured worker presented with complaints that included severe muscle spasms and tightness in the lower back and his neck, difficulty sleeping at night. Current medications include hydrocodone 7.5-325 mg and Celebrex. Pain level was not included. Physical examination was positive for decreased lumbar range of motion as well as cervical range of motion, palpable taut bands to the cervical paraspinals and bilateral upper trapezius muscles including the lumbar paraspinals. The physician noted that the injured worker has developed severe neuropathic pain and has chronic pain syndrome. In the past the physician has requested a functional restoration program, but this has not been authorized. It was noted further that the injured worker's condition continues to deteriorate, he is no longer on any muscle relaxants and he is struggling to function with his current dose of hydrocodone. The treatment plan included continuing with hydrocodone-APAP 7.5-325 mg, continue use of Celebrex, request authorization for an H-Wave to help his muscle spasms and stiffness for home use, request for psychological evaluation and physical therapy to help determine whether the injured worker is a good candidate for a

functional restoration program, and follow up in one month. Disputed treatments include 1 prescription of hydrocodone-APAP 5/325 #60, 1 H-Wave unit, and 1 psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Hydrocodone/APAP 5/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for hydrocodone/APAP, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone/APAP is not medically necessary.

1 H-Wave Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there is no indication of a condition for which H-Wave is supported. Furthermore, there is no documentation of failure of TENS as it appears that the patient received benefit from TENS until the unit ceased to function and the patient requested replacement of the TENS unit. In light of the above issues, the currently requested H wave device is not medically necessary.

1 Psychological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Related to a functional restoration program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for psychological evaluation, it appears that the request is made as part of the initial evaluation for a functional restoration program. California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Within the medical information available for review, there is no documentation that there are no other treatment options available and the patient is not a candidate for additional treatment such as surgery. Additionally, there is no discussion regarding motivation to change and negative predictors of success. In the absence of clarity regarding the above issues, the currently requested psychological evaluation is not medically necessary.