

Case Number:	CM15-0171202		
Date Assigned:	09/15/2015	Date of Injury:	03/20/2013
Decision Date:	10/21/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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

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 42 year old female, who sustained an industrial injury on 3-20-2013. Medical records indicate the worker is undergoing treatment for chronic low back pain, plantar fasciitis, fibromatosis and pain in the foot, leg and arm. A recent progress report dated 7-28-2015, reported the injured worker complained of back and feet pain. Pain was rated 6 out of 10 with medications and 10 out of 10 without medication. Physical examination revealed bilateral foot tenderness and lumbar tenderness with "decreased flexion, extension and lateral bending". Lumbar magnetic resonance imaging showed lumbar 4-5 disc protrusion and mild to moderate discogenic disease. Treatment to date has included medication management. Medications include Duloxetine, Sonata, Vicodin, Nucynta and Norco since at least April 2015. On 8-13-2015, the Request for Authorization requested Norco 10-325mg #180 and TENS (transcutaneous electrical nerve stimulation) unit. On 8-21-2015, the Utilization Review noncertified Norco 10-325mg #180 and TENS (transcutaneous electrical nerve stimulation) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient was injured on 03/20/13 and presents with feet pain and low back pain. The request is for NORCO (no quantity indicated). The RFA is dated 08/13/15 and the patient's current work status is not provided. She has been taking Norco as early as 05/05/15 and treatment reports are provided from 05/05/15 to 08/12/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. MTUS, p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The 07/01/15 report indicates that she "denies side effects" and rated her pain as an 8/10 with medication. The 07/28/15 report states that the patient is able to cook, do laundry, garden, shop, bathe, dress, manage medication, drive, and brush teeth. She rated her pain as a 6/10 with medication and a 10/10 without medication. The 08/12/15 report indicates that the patient rated her pain as a 9/10 with medications and a 10/10 without medications. The patient had a urine drug screen on 06/03/15 and was not consistent with her prescribed medications. In this case, all of the 4 A's are addressed as required by MTUS Guidelines. There are before and after medication pain scales provided, general examples of ADLs but no explanation as to why the patient would not be able to do these activities without the meds, such as dressing, bathing or brushing teeth. There is no mention of how long-term opiates are specifically helping these activities. The patient is not working either. More importantly, MTUS does not support chronic opiates for chronic LBP due to lack of efficacy. The request IS NOT medically necessary.

Tens Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BlueCross BlueShield: TENS, CMS: The use of TENS, Aetna and Humana, VA: TENS, European Federation of Neurological Societies (EFNS): TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient was injured on 03/20/13 and presents with feet pain and low back pain. The request is for TENS UNIT. The RFA is dated 08/13/15 and the patient's current work status is not provided. MTUS Guidelines, TENS Chronic Pain (Transcutaneous Electrical Nerve Stimulation, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient is diagnosed with chronic low back pain, plantar fasciitis, fibromatosis and pain in the foot, leg and arm. Treatment to date has included medication management. In this case, there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. A trial of TENS may be reasonable. However, it is unclear if the treater is requesting for a one-month trial or a purchase. Therefore, the request IS NOT medically necessary.