

<b>Case Number:</b>	CM15-0179964		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 69 year old male, who sustained an industrial injury on March 22, 2013. Medical records indicate that the injured worker is undergoing treatment for a lumbar strain, lumbar spondylolisthesis with spinal stenosis, lumbar disc protrusion, lumbar radiculopathy and lumbar instability. The injured worker is not working. Current documentation dated August 10, 2015 notes that the injured worker reported low back pain which radiated down the left lower extremity, with associated numbness and tingling. The pain was rated 5 out of 10 with medication and 8 out of 10 without medications. Physical examination revealed normal sensory and power testing to the bilateral upper and lower extremities except for weakness (4+-5) and numbness on the left lumbar five. Lumbar spine examination revealed tenderness to palpation and a decreased range of motion. A straight leg raise test was positive on the left. The injured worker used a cane for ambulation. The injured worker was noted to use a muscle stimulator and requested addition electrodes. The documentation does not note how often the injured worker uses the muscle stimulator or any benefit from its use. Subsequent documentation dated 6-29- 2015 and 5-18-2015 note the injured workers pain levels to be unchanged, 5 out of 10 with medications and 8 out of 10 without medications. Treatment and evaluation to date has included medications, lumbar spine x-rays, cervical spine x-rays, MRI of the lumbosacral spine, a transcutaneous electrical nerve stimulation unit and a home exercise program. Current medications include Norco (since June of 2015) and Fexmid. The treating physician's request for authorization dated August 11, 2015 includes a request for Norco 10-325 mg # 180 and additional electrodes for a stimulator unit. The Utilization Review documentation dated August

18, 2015 non-certified the request for additional electrodes for a stimulator unit and modified the request for Norco 10-325 mg to # 135 (original request # 180).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg#180:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

**Decision rationale:** ODG guidelines support opioids with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not medically necessary.

**Additional Electrodes for Stim Unit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, TENS.

**Decision rationale:** Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness.(Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. The medical records provided for review regarding recent treatment does not support ongoing use of TENS unit or demonstrate

objective functional gain from the use of a TENS unit in support of ongoing use and as such additional electrode TENS pads. The request is not medically necessary.