

Case Number:	CM15-0077297		
Date Assigned:	04/28/2015	Date of Injury:	03/15/1996
Decision Date:	05/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/22/2015

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: 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:

This 71 year old female sustained an industrial injury on 3/15/96. She subsequently reported neck pain. Diagnoses include bilateral rotator cuff tendinosis and bilateral carpal tunnel syndrome. Treatments to date have included x-ray and MRI studies, acupuncture, a brace, chiropractic care, TENS and prescription pain medications. The injured worker continues to experience neck and right upper extremity pain. Upon examination, gait is markedly antalgic, she has lymphadenopathy on the right side with some mild tenderness, positive Tinel's noted on the right wrist. A request for supplies for othrostim to include batteries, patches, and lead wires and Norco medication was made by the treating physician. A progress report dated January 8, 2015 indicates that Norco reduces the patient's pain by 50% and allows her to participate in activities of daily living. She notes that the tens unit "is very helpful." No intolerable side effects are noted. Supplies are requested for the patient's ortho stim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One supplies for othrostim to include batteries, patches, and lead wires: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for ortho stim unit supplies, this unit is a combination electrical stimulation unit which includes TENS, interferential current, galvanic stimulation, and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Chronic Pain Medical Treatment Guidelines state that TENS is 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. Guidelines go on to state the galvanic stimulation is not recommended. Additionally, guidelines state that interferential current stimulation is not recommended as an isolated invention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient is failed a TENS unit trial, as recommended by guidelines prior to an interferential unit trial. Additionally, there is no indication that the interferential current stimulation will be used as an adjunct to program of evidence-based rehabilitation, as recommended by guidelines. Furthermore, guidelines do not support the use of galvanic stimulation or neuromuscular stimulation. Since guidelines do not support the use of the ortho stim device, the associated supplies are not medically necessary.

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325mg #90, California Pain Medical Treatment Guidelines note that it 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 indication that the medication is improving the patient's function and pain with no side effects. In light of the above, the currently requested Norco 10/325mg #90 is medically necessary.