

<b>Case Number:</b>	CM15-0090854		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	06/02/2013
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 51-year-old female, who sustained an industrial injury on June 2, 2013. She reported neck pain, right shoulder pain, mid back pain and right hand pain. The injured worker was diagnosed as having right shoulder acromioclavicular joint sprain/strain, post traumatic arthrosis, cervical herniated nucleus pulposus, thoracic sprain/strain, lumbar herniated nucleus pulposus, right hand and wrist sprain/strain, right carpal tunnel syndrome, right De Quervain's syndrome, left elbow overuse, anxiety, insomnia and status post right carpal tunnel release. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right wrist, acupuncture, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued neck pain, right shoulder pain. Mid back pain and right hand pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 26, 2015, revealed continued pain as noted. Evaluation on March 5, 2015, revealed continued pain as noted. She was noted to not be interested in shoulder surgery at this time. Conservative therapies were continued and medications were renewed. Outpatient follow up with an orthopedist, a retrospective request for Norco and a solar care device for home use was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-force with solar care device for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, pp. 114-116.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, include 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was documentation of a trial of x-force with solar care (TENS with heating element), however, no details were provided to explain how long the trial was, what physical therapy was continued during this trial (and planned on continuing moving forward), or what specific functional gains or pain level changes were experienced while using this device to help support the continuation of its use. Therefore, without this complete report to justify this request, it will be considered medically unnecessary at this time.

**Retrospective Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation provided to show clearly that this full review was completed regarding the Norco use. The record suggested the worker only used 1/2 pill daily and as needed, however, there was

no report of the functional gains and pain level reduction directly related to this amount of Norco to help support its continuation as needed. Therefore, the request for Norco will be considered medically unnecessary at this time.

**Outpatient follow-up visit with orthopaedic surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, the record suggests that the worker was not interested in any surgery and no particular procedure or treatment which needed to be provided by this orthopedic surgeon which couldn't be provided by the worker's primary treating provider. Therefore, the request for follow-up visit with orthopedic surgeon will be considered medically unnecessary.