

<b>Case Number:</b>	CM15-0099285		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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

### 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 48-year-old female, who sustained an industrial injury on 08/05/2003. According to a progress report dated 04/16/2015, the injured worker was seen for bilateral knee pain. Pain level with medications was rated 6 on a scale of 1-10. Pain level without medications was rated 8. Quality of sleep was poor. Her activity level had increased. She was scheduled to have a right knee replacement on 07/14/2015. Current medication regimen included Flexeril, Norco, Aleve, Atenolol, Lasix, Protonix, stool softener and Ambien. Diagnoses included knee pain, shoulder pain, carpal tunnel syndrome, pain in joint lower leg and hip bursitis. Her activities had increased up to 50 to 75 percent more than usual. She was doing exercises every day and was walking for exercise 60 minutes. She reported that Flexeril was effective for her intermittent muscle spasms. Norco was very effective for pain relief of her breakthrough pain. She continued to receive Duragesic patches from her primary care provider. Norco was refilled. The provider noted that the injured worker would not be at a higher function until she has completed her multiple surgeries that are required. Medications tried and failed included Skelaxin, Robaxin, Baclofen, Cymbalta, Tramadol, Motrin, Vicodin, Restoril, Demerol and Neurontin. The injured worker had a history of gastritis and gastrointestinal irritation with previous nonsteroidal anti-inflammatory drug use. The provider requested a 30 day trial of a TENS unit for myofascial pain as recommended by her physical therapist. The injured worker noted that the TENS unit was helpful in reducing her pain in her shoulders during her time at physical therapy. She obtained relief for 1.5 days after use in physical therapy. It reduced pain by 35 percent and increased her range of motion. Currently under review is the request for Norco and a 30 day trial of a transcutaneous electrical nerve stimulation (TENS) unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 4/16/15 progress report provided by the treating physician, this patient presents with bilateral knee pain rated 6/10 without medications, and 8/10 with medications. The treater has asked for 1 PRESCRIPTION OF NORCO 10/325MG #120 on 4/16/15. The request for authorization was not included in provided reports. The patient has no new problems or side effects per 4/16/15 report. The patient's activity level has increased by 50 to 75% more than usual, including daily exercise and walking for 1 hour per 4/16/15 report. The patient is planning to have a right knee replacement surgery on 7/14/15 per 4/16/15 report. The patient had a prior left knee surgery on 1/15/15, and continues with physical therapy and occupational therapy per 4/16/15 report, but the number of sessions and efficacy were not mentioned. The patient is currently taking Flexeril (effective for muscle spasms), Norco (very effective for breakthrough pain), Duragesic patches per 4/16/15 report. The patient is currently not working and is temporarily totally disabled as of 4/16/15 report. MTUS Guidelines 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 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. The patient is currently taking Norco but a review of reports does not indicate how long patient has been taking this opioid. The utilization review letter dated 5/5/15 states that Norco has been used for the "long-term" with no functional improvement. In this case, treater has not stated specifically how Norco reduces pain. The treater does state that patient does not exhibit aberrant behavior, and denies adverse reactions. There is a discussion of specified activities of daily living that the patient is able to do with medications such as exercise, household tasks, and errands for 45 minutes vs. 10 minutes without opioid medication per 4/16/15 report. The patient has an opioid pain agreement on file per 4/16/15 report. There is mention of patient's medications reducing pain from 8/10 to 6/10, but it does not specifically mention Norco's effect in 4/16/15 report. There are no pain scales or validated instruments addressing analgesia provided by Norco. There has been no return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**30 day trial of a Transcutaneous electrical nerve stimulation (TENS) unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter. TENS, chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** Based on the 4/16/15 progress report provided by the treating physician, this patient presents with bilateral knee pain rated 6/10 without medications, and 8/10 with medications. The treater has asked for 30 DAY TRIAL OF A TENS UNIT on 4/16/15 "for myofascial pain as recommended by her physical therapist. " The requesting progress report dated 4/16/15 further states: "patient notes that it was helpful to reduce her pain in her shoulders during her time in physical therapy. Patient notes relief for 1. 5 days after use in PT. She has not begun the trial yet as she has not received the unit. Improved sleep. Patient had it on for 30 minutes; she notes that it has been helpful to reduce pain by 35% and increased her ROM. " The request for authorization was not included in provided reports. The patient has no new problems or side effects per 4/16/15 report. The patient's activity level has increased by 50 to 75% more than usual, including daily exercise and walking for 1 hour per 4/16/15 report. The patient is planning to have a right knee replacement surgery on 7/14/15 per 4/16/15 report. The patient had a prior left knee surgery on 1/15/15, and continues with physical therapy and occupational therapy per 4/16/15 report, but the number of sessions and efficacy were not mentioned. The patient is currently taking Flexeril (effective for muscle spasms), Norco (very effective for breakthrough pain), Duragesic patches per 4/16/15 report. The patient is currently not working and is temporarily totally disabled as of 4/16/15 report. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. In this case, a request of TENS unit trial is noted in progress report dated 4/16/15. The patient has had effective use of a TENS unit during physical therapy, and the physical therapist is recommending it for home use. The patient has not had a prior trial of a TENS unit. However, the patient does not have a diagnosis of Neuropathic pain, Phantom limb pain, CRPS, Spasticity or Multiple sclerosis. The requested TENS unit trial is not indicated for this type of condition. The request IS NOT medically necessary.

