

<b>Case Number:</b>	CM15-0122675		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 26 year old female who sustained an industrial injury on 11-03-13. Initial complaints and diagnoses are not available. Treatments to date include medications, TENS unit, and trigger point injections. Diagnostic studies include a MRI of the cervical spine. Current complaints include pain in the thoracic area. Current diagnoses include carpal tunnel syndrome, trigger finger, hand injury, cervical sprain and strain, and myofascial pain. In a progress note dated 06-16-15 the treating provider reports the plan of care as home exercise program, TENS unit, and medications including Theracane and Norco. The requested treatments include Norco, TENS patches, Theracare, and gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5mg tablets, twice a day with food as need for pain, #30 with no refills: Upheld**

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

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

**Decision rationale:** The patient presents with neck and hand pain. Complaints of burning lower left thoracic area rated 7/10. The request is for NORCO 7.5MG TABLETS, TWICE A DAY WITH FOOD AS NEED FOR PAIN, #30 WITH NO REFILLS. The request for authorization is dated 06/16/15. MRI of the cervical spine, 05/22/15, shows disc protrusion from C4-5 and C6-7. Physical examination reveals small irregular borders, muscular patches covering 6 inch area w/o erythema or open lesions or scaling on left lower thoracic area, significantly away from the TPI location. Patient states TPI was not helpful last time. Patient to continue HEP for neck at home. Continue TENS, try to keep setting low, and do more often, and use heating pad. Continue meds, refills dispensed. Meds helpful, able to perform more ADL's by 30% with meds, no med SE's. Per work status form dated 06/16/15, the patient is on Total Temporary Disability. 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 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 01/08/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is documentation regarding adverse effects but not regarding aberrant drug behavior. No UDS, CURES or opioid contract is provided for review. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Retrospective request for TENS patches x2 pairs DOS: 6/16/15: Upheld**

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

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

**Decision rationale:** The patient presents with neck and hand pain. Complaints of burning lower left thoracic area rated 7/10. The request is for RETROSPECTIVE REQUEST FOR TENS PATCHES X2 PAIRS DOS: 6/16/15. The request for authorization is dated 06/16/15. MRI of the cervical spine, 05/22/15, shows disc protrusion from C4-5 and C6-7. Physical examination reveals small irregular borders, muscular patches covering 6 inch area w/o erythema or open lesions or scaling on left lower thoracic area, significantly away from the TPI location. Patient states TPI were not helpful last time. Patient to continue HEP for neck at home. Continue TENS, try to keep setting low, and do more often, and use heating pad. Continue meds, refills dispensed. Meds helpful, able to perform more ADL's by 30% with meds, no med SE's. Per

work status form dated 06/16/15, the patient is on Total Temporary Disability. According to MTUS Chronic Pain Management Guidelines the criteria for the use of TENS in chronic intractable pain: (p 116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." Treater does not discuss the request. Guidelines require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, the treater has not indicated how the unit is being used, how often and with what effectiveness in terms of not only pain relief but of functional improvement. Furthermore, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others; but not for mechanical neck and hand pain. Therefore, the request WAS NOT medically necessary.

**Retrospective request for Thera Cane DOS: 6/16/15: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under Durable medical equipment and Other Medical Treatment Guidelines [www.theracane.com](http://www.theracane.com).

**Decision rationale:** The patient presents with neck and hand pain. Complaints of burning lower left thoracic area rated 7/10. The request is for RETROSPECTIVE REQUEST FOR THERA CANE DOS: 6/16/15. The request for authorization is dated 06/16/15. MRI of the cervical spine, 05/22/15, shows disc protrusion from C4-5 and C6-7. Physical examination reveals small irregular borders, muscular patches covering 6 inch area w/o erythema or open lesions or scaling on left lower thoracic area, significantly away from the TPI location. Patient states TPI were not helpful last time. Patient to continue HEP for neck at home. Continue TENS, try to keep setting low, and do more often, and use heating pad. Continue meds, refills dispensed. Meds helpful, able to perform more ADL's by 30% with meds, no med SE's. Per work status form dated 06/16/15, the patient is on Total Temporary Disability. MTUS, ACOEM and ODG guidelines do not discuss the Thera Cane. [www.theracane.com](http://www.theracane.com), the Thera Cane is a commercial product used by consumers/patient for self trigger point massage and exercises. ODG Guidelines, Knee & Leg Chapter, under Durable medical equipment (DME) Section states, "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." Treater does not discuss the request. In this case, the patient has upper back symptoms. And patient's treatment plan includes continuation of home exercise program. The Thera Cane can be used repeatedly at home for the medical purpose of self-massaging trigger point areas, and is generally not useful absent the condition. The request appears reasonable and within ODG guidelines for DME. Therefore, the request WAS medically necessary.

**Retrospective request for Gabapentin 100mg #60 DOS: 6/16/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The patient presents with neck and hand pain. Complaints of burning lower left thoracic area rated 7/10. The request is for RETROSPECTIVE REQUEST FOR GABAPENTIN 100MG #60 DOS: 6/16/15. The request for authorization is dated 06/16/15. MRI of the cervical spine, 05/22/15, shows disc protrusion from C4-5 and C6-7. Physical examination reveals small irregular borders, muscular patches covering 6 inch area w/o erythema or open lesions or scaling on left lower thoracic area, significantly away from the TPI location. Patient states TPI was not helpful last time. Patient to continue HEP for neck at home. Continue TENS, try to keep setting low, and do more often, and use heating pad. Continue meds, refills dispensed. Meds helpful, able to perform more ADL's by 30% with meds, no med SE's. Per work status form dated 06/16/15, the patient is on Total Temporary Disability. MTUS Guidelines, Gabapentin section on pg 18,19 states, "Gabapentin (Neurontin, Gabarone", generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Treater does not specifically discuss this medication. Patient has been prescribed Gabapentin since at least 04/16/15. The patient continues with neck and hand pain, a neuropathic condition for which Gabapentin is indicated. Although treater makes a general statement, "Meds helpful," the treater does not document efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60 for all chronic pain medications. Therefore, the request WAS NOT medically necessary.