

Case Number:	CM13-0016416		
Date Assigned:	11/06/2013	Date of Injury:	09/08/1997
Decision Date:	01/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old female who reported a work related injury on 09/08/1997 as a result of a fall. The patient presents for treatment of the lumbar spine as well as the bilateral hips. The clinical note dated 06/25/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents for treatment of the following diagnoses: lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, and tension headaches. The provider documented the patient returned to clinic for followup of low back pain and bilateral hip pain. The provider documented the patient reported she was very fatigued as she was unable to sleep on either side due to bilateral hip pain. The patient reported she subsequently only received 2 hours of sleep. The patient reported her low back pain has flared up from driving. The patient reports her pain is at a 9/10 to 10/10. The patient reports 6/10 over the preceding week. With pain medications, the patient reported her pain is 6/10 and without pain medications it is 9/10 to 10/10. The provider documented the patient was recommended to undergo a narcotic detoxification and functional restoration program. In addition, the provider recommended cognitive behavioral therapy for the patient. The provider requested the following: urine drug screen, re-request authorization for cognitive behavioral therapy, Pristiq 50 mg 1 by mouth q. day, Dilaudid 8 mg half tab 1 by mouth 3 times a day and 1 by mouth at bedtime, 100 mg of Norflex 1 by mouth 3 times a day, Medrox patch at bedtime, Ibuprofen 800 mg 1 by mouth 3 times a day, 5HTP 1 by mouth 2 times a day, and continued use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 64.

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence support with the patient's current medication regimen as she rates her pain at a 9/10 to 10/10. The patient reported a flare-up of low back and bilateral hip pain. California MTUS indicates Norflex is in the antispasmodic drug class, "used to decrease muscle spasms in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions, whether spasm is present or not. The mechanism of action for most of these agents is not known." The clinical notes submitted for review do not evidence support for the long term necessity of the patient's utilization of Norflex. Given the above, the request for Norflex 100mg 3 times daily, QTY: 90 is neither medically necessary nor appropriate.

Medrox Patch # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11.

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical notes lack evidence to support the patient's current medication regimen. The patient rated her pain at a 9/10 to 10/10. California MTUS indicates topical analgesics "are largely experimental in use with few randomized controlled trials to determine efficacy or safety." The clinical notes fail to evidence positive efficacy with utilization of the patient's current medication regimen. The patient has been utilizing her current medications, chronic in nature, without significant objective functionality evidenced or resolve of the patient's pain complaints. Given all of the above, the request for Medrox patch at bedtime for 8 hours, QTY: 30.00 is neither medically necessary nor appropriate.

5HTP #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The current request is not supported. The clinical notes document the patient presents with pain related depression, for which she utilizes Pristiq 50 mg 1 by mouth q. day. In addition, the patient has been utilizing 5HTP 1 by mouth 2 times a day. Official Disability Guidelines indicate, "This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders, and it has been found to be effective for depression. In alternative medicine, it has been used for depression, anxiety, insomnia, obesity, aggressive behavior, eating disorder, fibromyalgia, chronic headaches, and various pain disorders. It should be used with caution in individuals who are using an SSRI antidepressant. This product has been linked to a contaminant that causes a condition called eosinophilia/myalgia syndrome." The clinical notes failed to evidence the patient's reports of specific efficacy with utilization of 5HTP. Therefore, the request for 5HTP Twice daily, QTY: 60.00 is neither medically necessary nor appropriate.

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Criteria for the use of TENS Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: The current request is not supported. California MTUS indicates, "Criteria for the use of TENS: (1) documentation of pain of at least 3 months' duration; (2) there is evidence that other appropriate pain modalities have been tried, including medication, and failed; (3) a 1 month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional 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 treatments 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." The clinical documentation submitted for review failed to evidence the patient's specific reports of efficacy with utilization of this durable medical equipment for her pain complaints. The patient rated her pain at a 9/10 to 10/10, and the provider failed to document a recent thorough physical exam of the patient evidencing objective functional improvements as a result of utilizing this intervention. Given all of the above, the request for TENS unit purchase, QTY: 1.00 is neither medically necessary nor appropriate.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The current request is not supported. The clinical documentation submitted for review had reported the patient undergoes frequent regular urine drug screens to assess her medication regimen; however, documentation of the patient presenting with any aberrant or noncompliant drug behaviors were not evidenced in the clinical notes reviewed. The patient undergoes excessive urine drug screening. The patient has been on her current medication regimen, chronic in nature, and the patient is status post her work related injury of over 16 years. Given all of the above, the request for Urine drug screen, QTY: 1.00 is not medically necessary or appropriate.