MAXIMUS Federal Services

Case Number:	CM14-0011350		
Date Assigned:	02/21/2014	Date of Injury:	10/28/2008
Decision Date:	07/23/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 28, 2008. The applicant's case and care have been complicated by comorbid diabetes requiring, insulin, it is incidentally noted, as well as derivative complaints of depression. In a progress note dated December 23, 2013, the applicant presented with persistent low back and knee pain with associated paresthesias. The applicant's medications were refilled. A transcutaneous electrical nerve stimulation (TENS) unit was sought, along with associated supplies, because the applicant had reported from the same physical therapy. The applicant's work status and functional status, however, were not stated. It was not stated how precisely the TENS unit had been beneficial here. On November 11, 2013, the applicant was described as reporting persistent low back pain with decreased sensorium about the lower extremities. Authorization was sought for a knee arthroscopy. The applicant was having issues with clicking, locking, and instability. An unspecified number of medications were again refilled. The applicant's work status, again, was not provided. The attending provider, again, did not state which medications he is refilling but apparently went on to refill a variety of medications. On a psychiatry note dated on September 19, 2013, the applicant was described as not having worked since the date of injury. The applicant was also having issues with obstructive sleep apnea, sleep disorder, and depression superimposed on his orthopedic issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MONTH'S SUPPLIES FOR X FORCE QUANTITY: 3.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit and/or attendant supplies beyond an initial one-month trial should be predicated on evidence of favorable outcomes in terms of pain and function in the earlier one-month TENS trial. In this case, however, there is no evidence that the applicant had in fact completed a successful trial of the TENS unit with favorable outcomes in terms of both pain relief and function. While the applicant reported that usage of a TENS unit in physical therapy was beneficial, there is no evidence that the applicant had in fact completed a successful TENS unit trial before authorization for three months of TENS unit supplies were sought. The fact that the applicant was not working, in pursuit of a surgical remedy for the knee, and was using a variety of analgesic medications, taken together, implies that earlier usage of the TENS unit in physical therapy did not generate any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

PRILOSEC 20 MG EVERY 12 HOURS. QUANTITY: 180.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs (NSAIDs), Gastrointestinal (GI) Symptoms and Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors (PPIs) in the treatment of NSAID-induced dyspepsia, in this case, however, the limited information on file does not establish diagnoses or symptoms of reflux, dyspepsia, and/or heartburn, either NSAID-induced or stand-alone, which would support provision of Prilosec, a PPI. Therefore, the request is not medically necessary.

NORCO 5/325 MG A DAY AS NEEDED. QUANTITY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids topic Page(s): 80.

Decision rationale: Norco is a short-acting opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. In this case, however, the applicant is not working and has apparently not worked since 2008. The applicant's pain complaints are heightened as opposed to reduced, despite ongoing usage of Norco. There is no evidence of any improvements in function achieved because of ongoing Norco usage. Therefore, the request is not medically necessary.

AMBIEN 5 MG A DAY. QUANTITY: 120.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Zolpidem topic.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), and Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, do not address this clinical situation. As noted in the ODG, Zolpidem or Ambien is indicated in the short-term treatment of insomnia, typically about two to six weeks. It is not recommended for the chronic, long-term, scheduled use, and/or 120-tablet purpose for which it is being proposed here. Therefore, the request is not medically necessary.

CONDUCTIVE GARMENT FOR X FORCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit and/or associated supplies such as the conductive garment beyond one-month trial should be predicated on evidence of a favorable outcome during the one-month trial in question. In this case, however, the evidence on file does not establish the presence of a successful favorable one-month trial of the TENS unit. There is no evidence that the applicant's usage of a TENS unit and physical therapy resulted in any appreciable diminution in medication consumption or any appreciable improvement in function as defined by the parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

NORFLEX 100 MG EVERY 12 HOURS AS NEEDED. QUANTITY: 200.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

Decision rationale: Norflex is a muscle relaxant. As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants, as a class are recommended as second-line agents to treat short-term exacerbations of chronic pain. They are not recommended for the chronic, long-term, scheduled use, and/or 200-tablet purpose for which they are being proposed here. As with the other drugs, there is no evidence that ongoing usage of Norflex has resulted in any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. The applicant remains highly reliant and dependent upon various medications and a surgical remedy. Therefore, the request for Norflex is not medically necessary.