

Case Number:	CM14-0019302		
Date Assigned:	04/21/2014	Date of Injury:	12/12/2003
Decision Date:	07/02/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 58 year old male who reported an injury on 12/12/2003. The mechanism of injury was unclear in the documentation provided. The clinical note dated 1/22/2014 reported the injured worker complained of continued daily low back pain. The injured worker noted pain was worse with any activities of bending, standing and walking. The provided clinical documentation was handwritten and largely illegible. The provider recommended a conductive garment glove as well as Norflex orphenadrine 100mg, 1 by mouth twice a day, quantity: 60. The request for authorization was provided and dated 10/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONDUCTIVE GARMENT GLOVE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: The request for a conductive garment glove is not medically necessary. The injured worker complained of continued low back pain. The injured worker noted the pain was worse with any activities including bending, standing and walking. The California MTUS

guidelines note a conductive garment glove is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). The guidelines also note that a one-month trial period of the TENS unit should be documented. The guidelines also note evidence that other appropriate pain modalities have been tried and failed. There is a lack of documentation indicating whether the request is an initial request or a request for additional days/equipment. There was a lack of documentation of indicating the injured worker failed other forms of conservative treatment. The requesting physician's rationale for the request was unclear. Therefore, the request for a conductive garment glove is not medically necessary.

NORFLEX ORPHENADRINE 100MG, 1 BY MOUTH TWICE A DAY - QUANTITY: 60:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64.

Decision rationale: The request for Norflex Orphenadrine 100mg, 1 by mouth twice a day - quantity: 60 is not medically necessary. The injured worker complained of continued low back pain. The injured worker noted the pain was worse with any activities of bending, standing and walking. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines also note this medication is not recommended to be used for longer than 2-3 weeks. There is a lack of documentation indicating the medical necessity for the requested medication; it was unclear if the injured worker had significant muscle spasms upon physical examination. The efficacy of the medication was unclear within the provided documentation. In addition the injured worker has been on the medication since at least the beginning of 2013 which exceeds the guideline recommendation of 2-3 a week course of treatment. Therefore, the request for Norflex Orphenadrine 100mg, 1 by mouth twice a day - quantity: 60 is not medically necessary.