

Case Number:	CM14-0202429		
Date Assigned:	12/15/2014	Date of Injury:	07/19/2013
Decision Date:	02/05/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/03/2014

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 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 patient is a 68 year old female with date of injury 07/19/2013. The treating physician report dated 12/2/14 (38) indicates that the patient presents with pain affecting the low back. The patient complains that the cold weather is having a negative effect on his mobility and is aggravating his pain. The physical examination findings reveal stiffness and tightness on the right side of the lumbar paravertebrals, especially at L4-L5. A straight leg raise test from the sitting position is positive on right sided at 45 degrees and on the left at 25 degrees. Prior treatment history includes prescribed medications of Norco and Flexeril. The current diagnoses are: 1. Lumbar strain 2. Multilevel lumbar disc degeneration The utilization review report dated 12/5/14 denied the request for Norco 5/325 mg #90, Flexeril 10 mg #30, TENS unit for home use, and Acupuncture; six visits (2x3) based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the right ankle. The current request is for Norco 5/325 mg #90. The treating physician report dated 12/2/14 states that the patient is functional with the help of medication. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). Reports provided show the patient was prescribed a refill of Norco 5/325 on 6/3/14. While it is noted in a report dated 6/3/14 that the patients pain level decreases from 8/10-6/10 with medication there is no direct assessment of the patient's pain levels in the most recent progress report dated 12/2/14. In this case, no evidence of functional improvement has been documented and there are no records provided that document the patient's pain levels with and without medication usage and none of the required 4 A's are addressed. The MTUS guidelines require much more documentation to recommend continued opioid usage. Recommendation is for denial and slow weaning per the MTUS guidelines.

Flexeril 10 mg #30: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Flexeril 10 mg #30. The treating physician report dated 12/2/14 states that Flexeril was prescribed for muscle relaxation. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. Reports provided indicate that the patient was prescribed a refill for this medication on 6/3/14 (65). In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. Recommendation is for denial.

TENS unit for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114.

Decision rationale: The patient presents with pain affecting the low back. The current request is for a Tens Unit for home use. Length of usage is not stated in the documents provided. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit. Furthermore, while a month trial would be reasonable and within the MTUS guidelines, there is no indication of a designated time period the TENS unit would be used for home use. In this case, the current request does not satisfy MTUS guidelines as outlined on page 114. Recommendation is for denial.