

Case Number:	CM15-0106508		
Date Assigned:	07/20/2015	Date of Injury:	04/07/2012
Decision Date:	08/25/2015	UR Denial Date:	05/17/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of April 7, 2012. In a Utilization Review report dated May 17, 2015, the claims administrator failed to approve requests for Norflex, AcipHex, and a TENS unit. Laboratory testing to include CMP, CBC, and a UA was partially approved as CMP and CBC alone. The claims administrator referenced progress notes and RFA forms of April 28, 2015 and April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On said progress note dated April 28, 2015, the applicant reported multifocal complaints of neck, mid pain, low back, shoulder, and knee pain. The applicant had last worked on April 7, 2012, it was reported. The applicant had gained 10 pounds since that point. The applicant had collected Workers Compensation indemnity benefits for two years, followed by State Disability Insurance (SDI) benefits. The applicant had undergone earlier failed labral repair surgery, it was reported. The applicant also reported derivative complaints of sleep disturbance, it was noted. A 4-lead TENS unit was sought. A CBC, CMP, and UA were all sought, without much supporting rationale. The attending provider stated that the applicant had not had laboratory testing elsewhere. The attending provider also separately sought authorization for a 10-panel urine drug screen. Naprosyn, AcipHex, Norflex, Lunesta, Topamax, tramadol, and Naprosyn were all seemingly prescribed and/or continued. Further physical therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norflex (Banflex, Antiflex, Mio-Rel, Orphenate, Orphenadrine generic available); Muscle relaxants (for pain).

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

Decision rationale: No, the request for Norflex, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend muscle relaxants such as Norflex as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 60 tablet renewal supply of Norflex at issue, in and of itself, implied chronic, long-term, and/or scheduled usage, i.e., usage incompatible with the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Aciphex 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for AcipHex, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does note that proton pump inhibitors such as AcipHex are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's personally experiencing any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced, or stand-alone, on the April 28, 2015 progress note at issue. Therefore, the request was not medically necessary.

One transcutaneous electrical nerve stimulation (TENS) unit - 4 lead with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS; Form-fitting TENS device.

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

Decision rationale: Similarly, the request for a TENS unit-4 lead-with associated conductive garment was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of favorable outcomes present in terms of both pain relief and function. Here, however, the attending provider seemingly prescribed and/or dispensed the device on April 28, 2015 without having the applicant first undergo a one-month trial of the same. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that a 2-lead unit is generally recommended. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should furnish documentation as to why a 4-lead unit, as was sought here, is necessary. Here, the attending provider, however, failed to furnish a clear or compelling rationale for provision of a 4-lead unit in favor of the 2 lead unit generally recommended, per page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Finally, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a form-fitting TENS device or conductive garment, as was also sought here, is only considered necessary when there is documentation that an applicant has an area, medical condition, or issue which prevents usage of traditional system. Here, the attending provider did not furnish a clear or compelling rationale for the form-fitting conductive garment also at issue. Since multiple components of the request were not indicated, the request, as a whole, was not indicated. Therefore, the request was not medically necessary.

One tab to include Comprehensive Metabolic Panel (CMP) test, Complete Blood Count (CBC), and Urinalysis (UA): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Finally, the request for laboratory testing to include a complete blood count (CBC), comprehensive metabolic panel (CMP), and urinalysis (UA) were likewise not medically necessary, medically appropriate, or indicated here. Here, the applicant was described as using Naprosyn, an anti-inflammatory medication, on April 28, 2015. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routinely suggested laboratory monitoring of applicants on NSAIDs includes periodic assessment of an applicant's CBC, renal function, and hepatic function, page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does not espouse a role for routine urinalysis testing in applicants using NSAIDs. While the MTUS Guideline in ACOEM Chapter 12, Algorithm 12-1, page 311 does support urinalysis in applicants in whom there are red flags for cancer or infection present, here, however, there was no mention of the applicant's having issues with dysuria, polyuria, hematuria or other symptoms suggestive of a urinary tract infection. No rationale for the urinalysis was furnished on April 28, 2015. The attending provider stated he was ordering the urinalysis, CBC, and CMP at issue on the grounds that the applicant had not had the same elsewhere. It appeared, thus, that the urinalysis in question was being performed on a routine basis, without the applicant's having any red flags for infection present. Since the urinalysis component of the request was not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.