MAXIMUS Federal Services

Case Number:	CM15-0197191		
Date Assigned:	10/12/2015	Date of Injury:	06/30/2008
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/07/2015

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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 was a 49 year old female, who sustained an industrial injury, June 30, 2008. The injured worker was undergoing treatment for post laminectomy syndrome, lumbar radiculopathy, arachnoiditis and or sciatica. According to progress note of June 3, 2015, the injured worker's chief complaint was stiffness, moderate low back pain. The injured worker was attending physical therapy and reporting benefit. The injured worker's pain was well controlled with Norco. The injured worker was having increased muscle spasms. The injured worker had returned to work with restrictions. The physical exam noted lumbar spine with limited range of motion. The injured worker was complaining of severe cramping in the legs. There was slight numbness in both feet. The treating physician felt the injured worker would benefit greatly from a home TENS (transcutaneous electrical nerve stimulator) unit. The injured worker previously received the following treatments Norco since at least April 13, 2015, trigger point injections, lumbar spine MRI and Zanaflex. The RFA (request for authorization) dated the following treatments were requested. The UR (utilization review board) denied certification on September 9, 2015; for the TENS (transcutaneous electrical nerve stimulator) unit and a prescription for Norco #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

One TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: CA MTUS Guidelines state that TENS is not recommended as an isolated intervention. Guidelines specify that TENS is indicated for the following conditions; neuropathic pain, phantom limb pain, chronic regional pain syndrome, spasticity and multiple sclerosis. TENS is not recommended for chronic low back pain, cramping, numbness and muscle spasm, as requested in this case. Therefore the request is not medically necessary or appropriate.

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS supports the using of chronic, ongoing opioids in cases where there is documented significant pain relief, functional improvement and return to work. The "4 As" (analgesia, ADLs, adverse effects and aberrant behavior) must be documented to warrant continued opioid use. In this case, the claimant has been taking Norco since at least 2011 with no evidence of functional improvement. The request for Norco has been previously denied, so ample time has elapsed for weaning to have occurred. Therefore the request is not medically necessary or appropriate.

Zanaflex 4mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines state that muscle relaxants are recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. In this case, the patient has been using Zanaflex since at least April, 2015, far exceeding recommended guidelines. Muscle relaxants are recommended for 3-4 days for cases of acute spasm and no more than 2-3 weeks total. There is also a lack of documentation evidencing the clear efficacy of this medication for the patient's symptoms. Therefore the request is not medically necessary or appropriate.