MAXIMUS Federal Services

Case Number:	CM15-0197903		
Date Assigned:	10/13/2015	Date of Injury:	11/03/2014
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 injured worker is a 37 year old male, who sustained an industrial injury on November 3, 2014. He reported lower back pain radiating down the posterior aspect of the left to the heel with numbness. The injured worker was diagnosed as having lumbar region sprain and lumbosacral neuritis not otherwise specified. An MRI showed disc bulging at L3-L4 with foraminal narrowing and disc protrusion at 5-S1 with significant foraminal narrowing associated with facet arthropathy. Treatment to date has included diagnostic studies, physical therapy, chiropractic treatment and medication. Notes stated that the injured worker failed "conservative treatment." On August 14, 2015, the injured worker complained of persistent low back pain with left-sided radiculopathy. He reported numbness, tingling and pain on his left side. Physical examination revealed pain across the lumbar paraspinal muscles and pain with facet loading. Straight leg raise test was positive on the left. The treatment plan included Norco, naproxen, Flexeril and gabapentin. On September 23, 2015, utilization review denied a request for one four lead transcutaneous electrical nerve stimulation unit and Norflex 100mg #60. A request for Norco 10-325mg #60 was modified to Norco 10-325mg #56.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 four lead TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS, the use of a transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case the patient is not enrolled in an evidence-based functional restoration program and doesn't have an accepted diagnosis per the MTUS. Therefore, the requested treatment is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as norflex) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case the patient has been using norflex for longer than the recommended amount of time. The continued use of norflex is not recommended. Therefore, the requested treatment is not medically necessary.