

Case Number:	CM15-0216244		
Date Assigned:	11/09/2015	Date of Injury:	02/02/2013
Decision Date:	12/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	11/03/2015

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: California
 Certification(s)/Specialty: Emergency 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 32 year old female, who sustained an industrial injury on 2-2-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar radiculopathy, sacroiliitis, facetal pain, and low back pain. On 9-16-2015, the injured worker reported persistent low back pain rated 7-8 out of 10, unchanged since 8-13-2015, with the pain radiating to the left lower extremity and panic attacks due to severe pain. The Primary Treating Physician's report dated 9-16-2015, noted medications were helping the injured worker and allowing her to continue working. The physical examination was noted to show spasms in the lumbar paraspinal muscles with stiffness in the lumbar spine, tenderness in the left leg musculature, dysesthesia to light touch in the left L5 and S1 dermatomes, and an antalgic gait to the left. Prior treatments have included Percocet, Tizanidine, Flexeril, lumbar epidural block, and aquatic physical therapy. The treatment plan was noted to include prescriptions for Omeprazole, Alprazolam, Norco, prescribed since at least 1/23/2015, Robaxin, prescribed since at least 3-27-2015, and Ibuprofen and request for authorization for a TENS unit. The injured worker's work status was noted to be to return to modified work. The request for authorization was noted to have requested Omeprazole 20mg #30, Alprazolam 0.25mg #20, Ibuprofen 800mg #60, Norco 10-325mg #120, Robaxin 750mg #60, and one transcutaneous electrical nerve stimulation (TENS) unit 30 day trial. The Utilization Review (UR) dated 9-29-2015, certified the requests for Omeprazole 20mg #30, Alprazolam 0.25mg #20, and Ibuprofen 800mg #60, modified the request for Norco 10-325mg #120 to certify #96 with the remaining #24 non-certified, and non-certified the requests for Robaxin 750mg #60, and one transcutaneous electrical nerve stimulation (TENS) unit 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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

Decision rationale: The requested Norco 10/325mg #120, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The treating physician has noted medications were helping the injured worker and allowing her to continue working. The physical examination was noted to show spasms in the lumbar paraspinal muscles with stiffness in the lumbar spine, tenderness in the left leg musculature, dysesthesia to light touch in the left L5 and S1 dermatomes, and an antalgic gait to the left. The treating physician has documented functional improvement from this low opiate load narcotic, i.e. working full duty. The criteria noted above having been met, Norco 10/325mg #120 is medically necessary.

Robaxin 750mg #60: 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: The requested Robaxin 750mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has noted medications were helping the injured worker and allowing her to continue working. The physical examination was noted to show spasms in the lumbar paraspinal muscles with stiffness in the lumbar spine, tenderness in the left leg musculature, dysesthesia to light touch in the left L5 and S1 dermatomes, and an antalgic gait to the left. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above having not been met, Robaxin 750mg #60 is not medically necessary.

One Transcutaneous electrical nerve stimulation (TENS) unit 30 day trial: 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): Electrical stimulators (E-stim).

Decision rationale: The requested One Transcutaneous electrical nerve stimulation (TENS) unit 30-day trial, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note: 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. The treating physician has noted medications were helping the injured worker and allowing her to continue working. The physical examination was noted to show spasms in the lumbar paraspinal muscles with stiffness in the lumbar spine, tenderness in the left leg musculature, dysesthesia to light touch in the left L5 and S1 dermatomes, and an antalgic gait to the left. The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above having not been met, One Transcutaneous electrical nerve stimulation (TENS) unit 30-day trial is not medically necessary.