

Case Number:	CM15-0216900		
Date Assigned:	11/06/2015	Date of Injury:	09/28/2012
Decision Date:	12/21/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old male who sustained an industrial injury on 9-28-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy, sciatica, disorders of sacrum and major depressive disorder, single episode, unspecified. According to the progress report dated 9-25-2015, the injured worker complained of persistent back pain and persistent leg pain. It was noted that spinal cord stimulator was denied. The injured worker had a transcutaneous electrical nerve stimulation (TENS) unit, but no supplies. He reported severe fatigue and headaches. It was noted that Norco decreased the pain from 9-10 out of 10 to 5 out of 10. Objective findings (9-25-2015) revealed spasm and guarding in the lumbar spine. Treatment has included medications. Current medications (9-25-2015) included Venlafaxine, Pantoprazole-Protonix, Orphenadrine-Norflex (since at least 6-2015), Gabapentin and Hydrocodone-APAP. The treatment plan (9-25-2015) was for medications and TENS unit supplies. The request for authorization was dated 10-8-2015. The original Utilization Review (UR) (10-15-2015) denied requests for Pantoprazole-Protonix, Orphenadrine-Norflex ER and transcutaneous electrical nerve stimulation (TENS) unit supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Supplies: 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: The claimant sustained a work injury in September 2012 when he had low back pain with radiation to the lower extremities while working as a custodian and lifting a box of paper. When seen in September 2015, he was having persistent back and leg pain. He had been using a TENS unit and needed supplies. Gastrointestinal review of systems was negative. Physical examination findings included moderate obesity. There was an antalgic gait. He had lumbar spasms with guarding. Protonix, orphenadrine ER, and TENS unit supplies were among the requests. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1-3 months at a minimum. In this case, the claimant already uses TENS and the fact he needs replacement supplies is consistent with its continued use and efficacy. However, the quantity and specific supplies being requested are not specified and, for this reason, the request cannot be accepted as being medically necessary.

Pantoprazole-Protonix 20 Mg #60 (Ms) Take 1 Tablet Daily # 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in September 2012 when he had low back pain with radiation to the lower extremities while working as a custodian and lifting a box of paper. When seen in September 2015, he was having persistent back and leg pain. He had been using a TENS unit and needed supplies. Gastrointestinal review of systems was negative. Physical examination findings included moderate obesity. There was an antalgic gait. He had lumbar spasms with guarding. Protonix, orphenadrine ER, and TENS unit supplies were among the requests. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Protonix (pantoprazole) is not considered medically necessary.

Orphenadrine-Norflex Er 100mg #90 Take 1 At Bedtime # 90: 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: The claimant sustained a work injury in September 2012 when he had low back pain with radiation to the lower extremities while working as a custodian and lifting a box of paper. When seen in September 2015, he was having persistent back and leg pain. He had been using a TENS unit and needed supplies. Gastrointestinal review of systems was negative. Physical examination findings included moderate obesity. There was an antalgic gait. He had lumbar spasms with guarding. Protonix, orphenadrine ER, and TENS unit supplies were among the requests. Orphenadrine is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis. It is not considered medically necessary.