

Case Number:	CM14-0183075		
Date Assigned:	11/07/2014	Date of Injury:	12/30/1998
Decision Date:	12/15/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/03/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old female with a 12/30/1998 date of injury. The patient fell after her chair slipped out from under her. A progress reported dated 9/2/14 noted subjective complaints of low back and left knee pain. Objective findings included left knee tenderness to palpation at the joint line and patellofemoral crepitation. There was also lumbar spasm and decreased ROM. A progress report dated 3/4/14 noted that the use of TENS unit will continue as it helps. Diagnostic Impression: lumbar degenerative disc disease and left knee internal derangement. Treatment to date: medication management, TENS, and home exercise. A UR decision dated 10/10/14 modified the request for Norco 10/325 mg #180, certifying #150 to allow for weaning. The medication efficacy and monitoring are not addressed by the orthopedist. It also denied Norflex ER 100 mg #60. The information does not evidence on-going efficacy, nor evidence to override non-supportive guidelines for chronic Norflex use. It also denied TENS Unit. The specific pain and functional benefits with TENS use are not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 1998 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding endpoints of treatment. The records do not clearly reflect continued analgesia, nor do they document continued objective functional benefit. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary.

Norflex ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, given a 1998 original date of injury, it is unclear how long the patient has been taking Norflex. Guidelines do not recommend the chronic usage of muscle relaxants, especially in the absence of clear documented objective benefit derived from its usage. Therefore, the request for Norflex ER 100 mg #60 is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain

treatment should also be documented during the trial period including medication. However, while the 3/4/14 progress report notes that the TENS unit helps, there are no other specific details. There is little information regarding the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. Furthermore, there is no specific duration of treatment planned. There is insufficient documentation to establish medical necessity for the continued use of the requested home TENS unit. Therefore, the request for TENS Unit is not medically necessary.