

Case Number:	CM15-0063991		
Date Assigned:	04/09/2015	Date of Injury:	10/26/2005
Decision Date:	06/04/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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

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 71 year old male, who sustained an industrial injury on 10/26/2005. The mechanism of injury was not provided. The injured worker is currently diagnosed as having discogenic lumbar condition, bilateral knee sprain, and depression due to chronic pain and inactivity. Treatment to date has included lumbosacral MRI, epidural steroid injection, back brace, hot/cold wrap, Transcutaneous Electrical Nerve Stimulation Unit, and medications. The documentation indicated the injured worker had utilized antidepressants, Ativan, Flexeril, Prilosec and opiates since at least 2013. In a progress note dated 03/11/2015, the injured worker presented with low back complaints. The documentation indicated the injured worker was utilizing a TENS unit and needed a stronger one. The injured worker had shooting pain down the bilateral legs especially on the right side to the dorsum of the foot and typically in the L5 dermatome accordingly. The injured worker's medications were noted to include Prozac, Ativan, Norco, Neurontin, Flexeril, mirtazapine, tramadol ER, naproxen and Protonix. The injured worker was to be switched from naproxen to generic Nalfon as there was no sodium and would cause no water retention or blood pressure changes. The treating physician reported requesting authorization for a stronger four lead Transcutaneous Electrical Nerve Stimulation Unit, Cyclobenzaprine, Pantoprazole, Nalfon (Fenoprofen), Ativan, Venlafaxine SR, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS unit with conductive garment, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines indicate that generally for a TENS unit, a 2 lead unit is recommended and if a 4 lead unit is recommended there must be documentation why this is necessary. Additionally, a form fitting TENS device is considered medically necessary when there is documentation that there is a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the injured worker has medical conditions that prevent the use of the traditional system or the TENS unit is to be used under a cast. The clinical documentation submitted for review indicated the injured worker needed a stronger TENS unit and as such, the request was made for a form fitting TENS device with a 4 lead unit. The efficacy or partial efficacy was not provided. There was a lack of documentation of exceptional factors other than the injured worker was requesting a stronger unit. There was a lack of documentation of a specific failure of the prior unit. Given the above, the request for 4 lead TENS unit with conductive garment purchase is not medically necessary.

Urine drug screen - 10 panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction or poor pain control. Given the above, the request for urine drug screen 10 panel is not medically necessary.

Ativan 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized this classification of medications since at least 2013. There was a lack of documentation of efficacy for the requested medication. The request as submitted failed to indicate the request for the requested medication. Given the above, the request for Ativan 1 mg #60 is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain).

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

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized this classification of medication since at least 2013. The objective functional improvement was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary.

Pantoprazole sodium 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation of the efficacy for the requested medication. The documentation indicated the injured worker had utilized this classification of medication since at least 2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pantoprazole sodium 20 mg #60 is not medically necessary. Additionally, the requested NSAID this medication is not medically necessary.

Fenoprofen calcium 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs, GI symptoms &

cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for fenopufen calcium 400 mg #60 is not medically necessary.

Venlafaxine 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker was on Remeron and Prozac. There was a lack of documentation indicating a necessity for an addition of a third medication. There was a lack of documentation of an objective decrease in pain and objective functional improvement including an assessment in the change in the use of other analgesic medications, sleep quality and duration and psychological assessments. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for venlafaxine 75 mg #60 is not medically necessary.