

Case Number:	CM13-0014628		
Date Assigned:	10/07/2013	Date of Injury:	04/10/2008
Decision Date:	02/03/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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:

The patient is a 43-year-old male who sustained an occupational injury on 04/10/2008 secondary to an unknown mechanism. The patient was diagnosed with bilateral shoulder pain. The patient's treatment history consists of conservative care including steroid injections with benefit and operative arthroscopy on the left shoulder 07/29/2011. On 06/05/2013, the patient presented for followup with complaints distal right upper extremity numbness and some residual shoulder soreness. The patient indicates he has been going to physical therapy and using a TENS unit with benefit. In addition, the patient's current medications include Naprosyn, Prilosec, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase - TENS unit for permanent use at home QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS, Functional improvement measures Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113.

Decision rationale: The CA MTUS guidelines indicate that, "Not recommended as a primary treatment modality, but a 1 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."

While the documentation presented for review from 06/05/2013 indicates the physician is requesting a TENS unit for permanent use at home with a 3 month supply of pads secondary to the patient's previous use in physical therapy with reported relief of symptoms, the guidelines indicate that TENS is not recommended without documentation of pain of at least three months duration, without evidence that other appropriate pain modalities have been tried (including medication) and failed without evidence that the patient has completed a one-month trial period of the TENS unit. Despite the patient's previous positive response with a TENS unit in physical therapy, the request for the purchase of a TENS unit without documentation of a previous 1 month trial cannot be supported and is, therefore, non-certified.

DME purchase - TENS pads (months) QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Therapy Page(s): 113.

Decision rationale: The CA MTUS guidelines indicate that, "Not recommended as a primary treatment modality, but a 1 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." While the documentation submitted for review from 06/05/2013 indicates that the patient has had a previous positive response with a TENS unit in physical therapy, the request for the purchase of a TENS unit cannot be supported secondary to a lack of documentation indicating the patient's successful completion of a 1 month home-based trial. Therefore, the request for a 3 month supply of TENS pads cannot be supported for use either. Therefore, this request is non-certified.

(Retro DOS 6/5/2013) Cyclobenzaprine (Flexeril) 7.5mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 63-64.

Decision rationale: The CA MTUS recommends cyclobenzaprine "for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)...This medication is not recommended to be used for longer than 2-3 weeks." According to the documentation submitted for review from 06/05/2013, the patient presents for evaluation of right shoulder. The patient has some distal right upper extremity numbness secondary to carpal tunnel syndrome and some residual shoulder soreness as well. Additional documentation provided from 07/03/2013 indicates that this request for Cyclobenzaprine was previously non-certified and the patient's pain increased dramatically. The physician indicates that Cyclobenzaprine is being prescribed for the patient's parascapular tightness and his spasm as well as to normalize his sleep pattern. While this documentation does

indicate the patient has symptoms consistent with the indications for Cyclobenzaprine, there is also evidence that the patient has been utilizing this medication for greater than a 2 month period of time. As guidelines state this medication is not recommended for use for greater than 2 weeks to 3 weeks, the continued use of this medication cannot be supported and is, therefore, non-certified.