

Case Number:	CM13-0030297		
Date Assigned:	11/27/2013	Date of Injury:	10/08/2007
Decision Date:	02/03/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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 Illinois. 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 61-year-old male who reported an injury on 10/08/2007. The mechanism of injury was noted to be lifting. He has been diagnosed with facet arthropathy, spinal stenosis, chronic and bilateral L4-5 lumbar spine radiculopathy, and muscle spasm. It was noted that a TENS unit was recommended for a 1-month trial to use in conjunction with his medications and daily home exercise therapy. It states that he uses the TENS unit daily for 30 minutes. It reduces the muscle tension and pain by 40%; therefore, he is able to avoid taking strong narcotic medications and able to stand, walk, and sit for longer periods of time. It further states that as the previous 1-month trial with the TENS unit was very successful and his pain is chronic, it is recommended that the unit be purchased and not rented. Short-term goals for the use of the TENS unit is increased functional capacity and decreased pain. The long-term goal overall is reduction in his medications. It is also noted that the patient takes Soma 350 mg for acute muscle spasms which occur about 7 to 10 days per month. He does not take the Soma daily, only as needed. It further states that he complains of intermittent back spasm throughout the month and spasm have been noted on exam, and with the Soma, the spasms are alleviated and he is able to continue his activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: The California MTUS Guidelines state that the criteria for use of a TENS unit includes documentation of pain of at least 3 months' duration, evidence that other appropriate pain modalities have been tried and failed, a 1-month trial period of the TENS should be documented with documentation of how often the unit was used, as well as outcome of the term of pain relief and function. Other ongoing pain treatments should also be documented during the trial period including medication usage and a treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. The clinical information submitted for review shows that the patient did have good relief with the TENS unit trial. It states that he used the TENS unit daily for 30 minutes and it reduced his muscle tension and pain by 40%, making him able to avoid strong narcotic medications, and improved his function. There was also documentation of the short and long-term goals of the treatment with the TENS unit. However, the clinical information does not include documentation of a previous trial of physical therapy, as well as the patient's current treatments, and his current medication list. With the absence of this documentation, the request is noncertified.

SOMA 350 MG DAILY #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®), Page(s): 29.

Decision rationale: The California MTUS Guidelines specifically state that Soma is not recommended. It states that this medication is not indicated for long-term use as it is scheduled in several states and has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Therefore, this medication has been noted to be abused for sedative and relaxant effects. Despite the documentation that the patient uses this medication as needed, it is not recommended by the California Guidelines. Therefore, the request is noncertified.