

Case Number:	CM14-0101189		
Date Assigned:	09/16/2014	Date of Injury:	08/06/2001
Decision Date:	12/24/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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:

The claimant has a history of a work injury occurring on 08/06/11. She continues to be treated for low back and bilateral lower extremity pain. She was seen on 07/06/12. She was having back pain rated at 5/10. Medications are referenced as working well and without side effects and included Zanaflex 4 mg #60, Naproxen 550 mg #60, Vicodin ES 7.5/750 mg #60, Dendracin, and Terocin. Physical examination findings included lumbar spine tenderness with trigger points and positive straight leg raising. She had lumbar paraspinal muscle spasms. There was spinous process tenderness and tenderness over the PSIS and coccyx. Medications were refilled. A continued home exercise program and use of a lumbar brace and TENS unit was recommended. On 09/12/14 pain was rated at 5/10, unchanged from the previous visit. She had returned to modified duty and work restrictions were being accommodated. She was using TENS and tolerating medications which were without side effects. Medications were Anaprox 550 mg #60, Percocet 5/325 mg one time per day, and Zanaflex 4 mg #60. Physical examination findings appear unchanged. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Zanaflex 4mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Muscle Relaxants (for pain).

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

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for low back and bilateral lower extremity pain. Zanaflex is being prescribed on a long-term basis. She is noted to be working. Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. Therefore the request is not medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulation) unit pads (unspecified quantity):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation), Page(s): 114.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for low back and bilateral lower extremity pain. She uses TENS with benefit. She is noted to be working. 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 the pads need to be replaced is consistent with its continued use and efficacy. However, the quantity being requested is not specified and therefore the request is not medically necessary.