

Case Number:	CM14-0108470		
Date Assigned:	08/01/2014	Date of Injury:	12/16/2011
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/13/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 59 year old female who was injured on 12/16/2011. She was diagnosed with cervical spondylosis and radiculopathy secondary to foraminal stenosis, bilateral shoulder strain, bilateral epicondylitis, left wrist strain, and affective disorder with anxiety and depression. She was treated with physical therapy, topical and oral medications including muscle relaxants, and surgery (cervical decompression and fusion). According to the records available for review, on 1/23/13 TENS unit pads were approved for use, which implies that the worker had used a TENS unit at that time. Later, on 3/17/2014 she was prescribed TENS unit patches. Later, a request for another TENS unit trial rental was made, without explanation. Later, on 6/17/14, the worker was seen by her treating physician reporting using Soma, Tylenol #3, Lidoderm, Flexeril, and Duloxetine for her neck pain. The Soma was reportedly helping her sleep better. A request was made to refill her medications, including Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant, Carisoprodol Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66, AND Carisoprodol, p. 29 Page(s): 63-66, 29.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond non-steroidal anti-inflammatory drugs (NSAID) use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, although she had benefitted from using this medication, it is inappropriate to continue chronically, especially while also taking another muscle relaxant (Flexeril). Therefore, the Soma is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, she had already been using a TENS unit prior to the request for a trial period for another TENS unit, according to the records provided for review. This is confusing, and it is unclear as to why another TENS unit was prescribed for the worker. Without explanation from the requesting physician, I am to assume that the current TENS unit already prescribed and given to the worker is functional and appropriate to use. Therefore an additional TENS unit is not medically necessary.