

<b>Case Number:</b>	CM14-0124344		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/03/2003
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 48-year-old female was reportedly injured on December 3, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 30, 2014, indicated that there were ongoing complaints of neck pain and shoulder pain. Current medications include Norco, Flexeril, Lidoderm, and Maxalt. Pain is rated at 8/10 without medications and 4/10 with medications. Additionally, the use of these medications allow the injured employee to exercise consistently and participate in activities of daily living. No side effects or aberrant behavior has been noted. The physical examination demonstrated tenderness of the cervical paraspinal muscles and trapezius muscles. Diagnostic imaging studies objectified a disc herniation on the right side at C5-C6. Previous treatment was not discussed. A request had been made for Flexeril and the use of a TENS unit with electrodes and was not certified in the pre-authorization process on July 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, #90:** Upheld

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

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

**Decision rationale:** Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Flexeril is not medically necessary.

**1 TENS unit - electrodes #30 (packages of 4): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

**Decision rationale:** The California MTUS recommends against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. It also states that there should be evidence that other appropriate pain modalities have been tried and failed including medications. Based on the clinical documentation provided, there has been no one-month trial of a TENS unit nor is there any information stating that other pain modalities including medications have been tried and failed. As such, the request the use of a TENS unit with electrodes is considered not to be medically necessary.