

<b>Case Number:</b>	CM14-0125827		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Occupational Medicine 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 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 patient is a 20-year-old male who has submitted a claim for cephalgia, cervical sprain and strain, intermittent radiculopathy, mid thoracic spine sprain & strain, sleep difficulties, lumbar spine sprain & strain, myofasciitis, intermittent radiculopathy associated with an industrial injury date of 03/04/2013. Medical records from 03/04/2013 to 06/30/2014 were reviewed and showed that patient complained of pain in the neck and mid and low back region. Physical examination revealed tenderness over the cervical spine, between the shoulder blades, lumbosacral area, sciatic notches, and sacroiliac area. Limited cervical and lumbar ROM was noted. SLR test was positive bilaterally at 50 degrees. MRI of the cervical and lumbar spine dated 01/30/2014 was unremarkable. X-ray of the cervical, thoracic, and lumbar spine dated 04/29/2013 was unremarkable. Treatment to date has included physical therapy, home exercise program, self-medical marijuana, Flexeril 7.5mg (DOS: 07/22/2013), Voltaren gel (DOS: 03/05/2014), and other pain medications such as Anaprox. It was noted that patient does not do HEP daily (07/08/2013 notes on 04/03/2014 medical record). Utilization review dated 07/15/2014 denied the request for TENS unit x 30 day because there was no mention that the TENS unit was being done in conjunction with an exercise/ rehabilitation program. Utilization review dated 07/15/2014 denied the request for Flexeril 10mg #30 because there was no documentation of objective muscle spasms on physical examination. Utilization review dated 07/15/2014 denied the request for Voltaren gel 100 grams because the use of Diclofenac products was not supported by the guidelines due to increased risk for various medical complications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial transcutaneous electrical nerve stimulation unit x 30 days:** Upheld

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

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

**Decision rationale:** According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient was noted as doing HEP irregularly (07/08/2013 notes on 04/03/2014 medical record). The guidelines clearly state that TENS should be used as an adjunct to an evidence-based functional restoration. The request likewise failed to specify the body part to be treated. Therefore, the request for Trial Transcutaneous Electrical Nerve Stimulation Unit x 30 days is not medically necessary.

**Flexeril 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient has been prescribed Flexeril 7.5mg #90 since 07/22/2013. The patient's response to Flexeril was unclear as there was no documentation of functional improvement provided. Moreover, physical examination findings do not provide evidence of acute low back pain exacerbation. Furthermore, the long-term use of Flexeril is not supported by the guidelines. Therefore, the request for Flexeril 10mg #30 is not medically necessary.

**Voltraren Gel 100grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to CA MTUS Chronic Pain Treatment Guidelines, topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks). In this case, the patient was diagnosed with cervical, thoracic, and lumbar spine sprain/strain and prescribed Voltaren gel since 03/05/2014. The use of topical NSAIDS is not recommended for treatment of the spine per guidelines recommendation. It is unclear as to why topical cream is needed as there is no documentation of intolerance to pain medications. Therefore, the request for Voltaren Gel 100grams is not medically necessary.