

<b>Case Number:</b>	CM14-0175638		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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:

There were 142 pages provided for this review. There was a utilization review from October 14, 2014. The claimant was injured on September 17, 2010. The application for independent medical review was provided but not signed or dated. There was an application for independent medical review from October 20, 2014. This was in regards to Flexeril one tablet PO three times a day as needed for spasm, number 90 and a refill of TENS unit supplies such as electrodes and AAA battery. She has complaints of bilateral neck, right shoulder and bilateral wrist pain rated at five out of 10. The medicines include Voltaren gel, Zanaflex, gabapentin, Duragesic, Ambien and Percocet. There is tenderness in the cervical paraspinal muscles overlaying the facet joints bilaterally from C2-C7. It was not clear why to muscle relaxers were being used i.e. Flexeril and Zanaflex. Further Flexeril is not recommended for use for longer than 2 to 3 weeks. There was no documentation of objective functional improvement with the use of the TENS unit. There was no documentation of how often the TENS unit was used or the outcomes in terms of pain relief and function. For the Flexeril, there was no documentation of an acute exacerbation of pain and plus it should not be used on a long-term basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

**Decision rationale:** The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS.

**TENS unit supply (electrodes and AAA battery):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

**Decision rationale:** The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below.- Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)- Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)-Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)I did not find in these records that the claimant had these conditions that warranted TENS. As there is no objective functional improvement documented, the need for ongoing supplies is not supported. The request is not medically necessary.