MAXIMUS Federal Services

Case Number:	CM14-0075218		
Date Assigned:	07/16/2014	Date of Injury:	03/01/2011
Decision Date:	12/05/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/22/2014

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, has a subspecialty in Preventive Medicine and is licensed to practice in Iowa. 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:

This patient is a 54 year old employee with date of injury of 3/1/2011. Medical records indicate the patient is undergoing treatment for left shoulder pain and s/p shoulder surgery. Subjective complaints include pain in the shoulder rated anywhere between 3-9/10. He doesn't sleep well. Objective findings include left arm atrophic, fingers held in flexion. He can partly extend the middle finger actively but not his other fingers on the left. He has subjective tenderness diffusely to palpation of the left shoulder-arm-wrist. Treatment has consisted of Robaxin, Norco, Zoloft, Cyclobenzaprine HCl, Flexeril, TENS unit and PT. The utilization review determination was rendered on 5/6/2014 recommending non-certification of Robaxin 500mg with one refill and TENS unit (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants, and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: UpToDate

Decision rationale: MTUS states regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP", and "they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence."The medical records indicate that Methocarbamol has been prescribed after a trail and failure on of Flexeril (another muscle relaxant). The length of the trial and failure of Flexeril, another muscle relaxant is not fully detailed. In addition the patient is also taking Norco, a opioid medication, along with Robaxin, which UpToDate recommends against. ODG states "Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs". The treating physician has not provided sufficient documentation to meet guideline recommendations. As such, the request for Robaxin 500mg with one refill is not medically necessary.

TENS unit (purchase): 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 Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: MTUS states regarding TENs unit, "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." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limp pain and CRPSII, spasticity, and multiple sclerosis. ODG further outlines recommendations for specific body parts:Low back: Not recommended as an isolated interventionKnee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise programNeck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findingsAnkle and foot: Not recommendedElbow: Not recommendedForearm, Wrist and Hand: Not recommendedShoulder: Recommended for post-stroke rehabilitationODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above):(1) Documentation of pain of at least three months duration(2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed(3) 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; rental would be preferred over purchase during this trial(4) Other ongoing pain treatment should also be documented during the trial period including medication usage(5) A treatment plan including the specific short- and

long-term goals of treatment with the TENS unit should be submitted(6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental.(7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended.(8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessaryThe medical records do satisfy several criteria above but lack of documentation of a 1-month trial, documentation of short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request for TENS unit (purchase) is not medically necessary.