

<b>Case Number:</b>	CM14-0088237		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Pain Management & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 injured worker is a 45 year old female injured on 06/19/12 due to undisclosed mechanism of injury. Current diagnoses included discogenic cervical condition, impingement syndrome of the shoulder, thoracic sprain, lumbar discogenic condition, and wrist joint sprain. Clinical note dated 07/10/14 indicated the injured worker presented complaining of neck pain, mid back pain, low back pain, right shoulder and wrist pain as a result of cumulative trauma; and continued to work sixteen hours shifts causing additional pain. The injured worker utilized soft and rigid braces, hot and cold wrap, back brace, and transcutaneous electrical nerve stimulation (TENS) unit with continued headaches. The injured worker reported prior chiropractic care was painful and no referral for physiatry was made pending injection. The injured worker had anxiety and depression but was not receiving treatment. Objective findings included tenderness along the cervical spine, rotator cuff, and dorsal of the wrist with decreased grip, and facet loading positive. Medications included Lorazepam 1 milligrams, Ambien 10 milligrams, Vicodin 5 milligrams, Flexeril 7.5 milligrams. The initial request for TENS pads, Ambien 10 milligrams quantity 15, Lorazepam 1 milligrams, and Flexeril was not certified on 06/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS PADS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

**Decision rationale:** As note in the Chronic Pain Medical Treatment Guidelines, transcutaneous electrical nerve stimulation (TENS) use 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. The clinical note indicated the injured worker had continued pain with the use of the TENS unit. Additionally, there is no documentation of functional improvement as a result of TENS use. As such, the request for TENS pads is not medically necessary.

**AMBIEN 10 MG, # 15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (Ambien®).

**Decision rationale:** As noted in the Official Disability Guidelines (ODG), Ambien is approved for the short term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long term use. Ambien can be habit forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long term. The injured worker has been utilizing this medication on a long term basis, exceeding the recommended two to six week window of use. As such, the request for Ambien 10 milligrams, quantity fifteen is not medically necessary.

**LORAZEPAM 1 MG, # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Benzodiazepines Page(s): 24.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Studies have shown that tolerance to its effects develops rapidly. It has been found that long term use may actually increase anxiety. As such the request for Lorazepam 1 milligram, quantity thirty is not medically necessary.

**FLEXERIL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second line option for short term (less than two weeks) treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request failed to provide dose, frequency, amount, and number of refills. As such, the medical necessity of Flexeril cannot be established at this time. Therefore, the request is not medically necessary.