

<b>Case Number:</b>	CM14-0099871		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/23/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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, Pain 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:

This is a 43-year-old male who sustained a remote industrial injury on 04/23/11 diagnosed with herniated nucleus pulposus of the lumbar and cervical spine. Mechanism of injury occurred when the patient was walking backward carrying an electric jack pallet and the jack pallet hit a pole, shoving the patient into the pole and causing immediate low back pain. The request for TENS unit for the left shoulder was non-certified at utilization review due to the lack of documentation of left shoulder pain lasting longer than three months or the failure of other appropriate pain modalities. The request for Flexeril #90 was also non-certified at utilization review due to lack of documentation of an acute exacerbation of the patient's chronic low back pain and this medication is not recommended for longer than 2-3 weeks of use. Lastly, the request for Med panel to evaluate hepatic and renal function for medication management was modified at utilization review to certify a comprehensive metabolic panel and liver function test, as the patient has been taking multiple classes of pain medication for a long time including opioids and NSAIDs. The most recent progress note provided is 06/23/14. Patient complains primarily of aching, stabbing, and burning neck pain with radiation of numbness and tingling into the left upper extremity down to the fingertips rated as a 3-4/10. Patient also complains of aching, burning, and stabbing low back pain with radiation of pain, numbness, and tingling to the left lower extremity down to the toes rated as a 6/10, but this pain rises to a 9/10. Bending forward and physical activity aggravate the pain. The patient uses a single point cane for ambulation and last worked on 05/31/12. Physical exam findings reveal tenderness to palpation over the cervical and lumbar spine, decreased range of motion of the cervical and lumbar spine, decreased sensation in the left L4, L5, and S1 dermatomes, decreased muscle strength of the left upper and lower extremity of a 5-/5, and positive facet joint loading bilaterally. Current medications include: Norco 10/325mg and Norflex 100mg one tablet twice a day as needed. Patient reports

that these medications reduce the pain significantly from a 9 to a 3 and help improve function. It is noted that the patient has tried acupuncture, chiropractic, and epidurals without any relief. Provided documents include several previous progress reports that highlight the patient received a TENS unit in 2011, patient questionnaires that indicate the patient's neck, back and lower extremity are the main pain generators, a permanent and stationary report, lab reports dated 05/14/14 and 04/30/14, and an agreed medical reexamination. The only progress report that highlights left shoulder pain is dated 04/08/14, for which the patient was given a cortisone injection. On 05/13/14, it is noted that the patient continues to use a TENS unit, which helps decrease his pain and normalizes his function, and discontinued Flexeril due to its ineffectiveness. The treating physician also requested a blood test during this visit to monitor the hepatic and renal function to prevent complications from medications and to maximize safety medications. The patient's previous treatments include acupuncture, chiropractic, epidural steroid injections, TENS unit, physical therapy, cortisone injection for the left shoulder, selective nerve root block, and medications. Imaging reports are not provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS, chronic pain

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

**Decision rationale:** According to MTUS guidelines, the use of a TENS unit is appropriate when "there is evidence that other appropriate pain modalities have been tried (including medication) and failed." In this case, provided documentation appears to highlight that shoulder pain is a more recent complaint and the only specified treatment that has been utilized is a cortisone injection on 04/08/14. The patient's response to this injection is not provided in subsequent progress reports. Further, it appears the patient has utilized a TENS unit for unspecific purposes since 2011 and guidelines further highlight, "A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted." Provided documentation does not specify any goals for the use of a TENS unit for the shoulder or quantifiably document the patient's response to the previous use of a TENS unit. For these reasons, medical necessity is not supported and the request for TENS unit for the left shoulder is not medically necessary.

**Flexeril #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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The medical necessity of Cyclobenzaprine is compared to MTUS criteria. According to MTUS guidelines on Flexeril, "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better." Provided documentation does not meet MTUS criteria because use is outside of the acute setting as the recommended use of Cyclobenzaprine and other muscle relaxants is for short duration and the patient's date of injury is 2011. Further, documentation reveals the patient was prescribed Flexeril for almost 4 months prior to discontinuation. The documentation provided also did not identify the presence of spasticity and there is no documentation of significant functional/vocational benefit with the use of Flexeril. Lastly, the dosage and dosing frequency of the requested medication is not specified in the request. For these reasons, medical necessity is not established and the request for Flexeril #90 is not medically necessary.

**Med panel to evaluate hepatic and renal function for medication management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthinfo/tr6148.html>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence; Cigna Pharmacy Coverage Policy

**Decision rationale:** Regarding laboratory testing, MTUS and ODG do not specifically address the medical necessity of this testing, so medical necessity is compared to MTUS criteria on the specific drug list and adverse effects of NSAIDs. California MTUS guidelines suggest routine monitoring of a CBC and chemistry profile for patients on medication therapy. In this case, lab testing was performed on 04/30/14 and it does not appear that there was any abnormal findings warranting the necessity of another test so soon after. Further, the treating physician does not provide a thorough rationale behind such frequent testing. As such, medical necessity is not supported and the request for Med panel to evaluate hepatic and renal function for medication management is not medically necessary.